

SIPNA SHIKSHAN PRASARAK MANDAL – AMRAVATI
REMOTE PILOT TRAINING ORGANAZATION
Admission form

Name: (As per 10 th mark sheet)		Photo
Date of birth (DD:MM:YYYY)		
Gender		
Marital Status		
Aadhar Number		
Address (as per Aadhar)		
Email Address		
Mobile number (What's App number):		
Alternative number for emergency with relation		
Passport Number		
Passport Validity		
Educational Qualification		
Examination	Board/University	Year of Passing
SSC		
HSC		
UG		
PG		
Any other		
If employed, Organization name		
Organization address		
Designation		

I _____ hereby declare that the above-mentioned details are true to my knowledge, in case of any discrepancy I will be responsible . I will be abide by rules & Regulations of Organization.

Place:

Date :

Signature:

Document Checklist (For Office use only)

- | | |
|---|---|
| <input type="checkbox"/> Copy of Class 10 th Marksheet | <input type="checkbox"/> Medical Certificate |
| <input type="checkbox"/> Copy of Aadhar Card | <input type="checkbox"/> Copy of Passport/DL/Voter ID |
| <input type="checkbox"/> 5 Recent Passport size photograph | |