| TELANGANA STATE AVIATION ACADEAN P | | | APPLICATION FORM FOR Msc, AME Hangar No. 3, Old Airport, Hyderabad - 500 011. Ph: +91-8977170170, 8977180180 | | | | | | | | | | | | AFFIX PHOTOGRAPH with NAME & DOB | | | | | | | | | | | |
|--|---|-----------------------------------|--|----|--|----|-----|----|--|--|-----|---|-----|----|---|---------|--|---|---|---|--|---|--|--|---|---|
| (FILL IN BLOCK LETTERS) | | | FIRST NAME - MIDDLE NAME - SURNAME | | | | | | | | | | | | | | | | | | | | | | | |
| I. | Applicant's Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Father's Name: | | | | | | | | | | | | | | | | | | | | | Γ | | | | |
| | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 3. | Gender: | | Ma | le | | Fe | ema | le | | | 4. | D | ate | of | Birt | :h: | | | | | | | | | | |
| 5. | Nationality: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Eligibility Category For Scholarship | SC ST OBC Muslim Christian Others | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Domicile: | An | Andhra Pradesh / Other states 8. Session: | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Permanent Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| | With Phone No | | | | | | | | | | | | | | | | | | | | | | | | | |
| | · | | | | | | | | | | | | | | | | | Ρ | 1 | N | | | | | | |
| | Phone: | | | | | - | | | | | | | | Ce | 11: | | | | • | | | | | | | |
| 10. | Present Address: | | | | | Т | | | | | | | | | | | | | | | | | | | | |
| | With Phone No | | | | | | - | - | | | | | | | | | | | | | | | | | | |
| | | | | | | + | - | - | | | 1.4 | | | | - | ж 19 | | Ρ | I | N | | | | | - | _ |
| | Phone: | | | | | | | | | | | | | Ce | II : | | | | | | | | | | | |
| 11. | 1. ACADEMIC QUALIFICATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | |

| Examination | Board | Year of Passing | Subjects | % of Marks |
|------------------|-------|-----------------|-------------------|-------------|
| i) Tenth Class | 4 | | Attach Xerox copy | |
| ii) 10 + 2 (MPC) | | | Attach Xerox copy | In MPC only |

12. Name of stream in which admission is required: **AVIONICS**

I certify that all the details given above are correct and if any information given above is found to be incorrect or false, my admission may be cancelled.

Place:

Date:

Signature of applicant

| Remarks : | · · · · | |
|-----------|-------------------------------|---------------------------------|
| | Signature of Training Manager | Signature of Honorary Secretary |