



## Application Form

APPROVED BY INDAIN INSTITUTE OF WELDING AN ISO 9001-2015 CERTIFIED BY AIAO-BAR 0305131-1

Form No. 

Note : All entries must be filled in capital letter with blue pen  
 Leave one block blank to give space in words  
 This form is valid for 3 months

Apply Date :      Course Applied For Applicant Name : Date of Birth      Medically Fit :  Yes  NoFather's Name : Mother's Name : Gender  Male  Female Email ID :  @ Permanent Address : House No.  Landmark Street / Area  Village / City Post Office / Police Station  Dist. State  PIN CODE Mobile No.  Alternate (Parent / Guardian ) No. 

### Academic Qualification

Examination Passed	Board / University	Year of Passing	%Obtained	Subjects

### Personal Detail

Height	Weight	Eye Vision	Color Blindness
Identification Mark			
Languages Known			
English Communication	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/> Fluency Yes <input type="checkbox"/> No <input type="checkbox"/>

### DECLARATION BY STUDENT / CANDIDATE

I.....confirm that the information/documents submitted by me is true to the best of my knowledge. I have not given any material or information that could effect my selection. I Agree that if mark sheet and other documents found fake, academy has rights to take my kind of legal action against me. Also I have read and under stood contents of the prospectus and agreed to all terms and conditions contained there in.

I agree that if I cancel my reserved seateven before the commennccement of the course of the course or after admission if with draw/discontinue the course on my own decision or dismissed from the academy by the management for any reason, the fee whatever I paid will not be refunded and I am liable to pay the full course, I will get indian & foreign CDC(panama,Liberian). Also I understood and agree that I will get placement on the basic of my eligibility & performance duringthe training. more over what ever charges are there for the industrial or On-job training will be paid by me.

Date

Place

Signature of Applicant

### DECLARATION BY PARENTS / GUARDAINS

I.....Under take the responsibility of paying all dues of  
.....In compliance with all rules and regulation that are enforced time to time by

SAI PROFESSIONAL ACADEMY

Date

Signature of Parents / guardians

#### FOR OFFICE USE ONLY

Selector For :

#### Checklist

1. Attested Copy of 10th/12th /Graduate Passing Certificate.
2. Attested Copy of date of Birth certificate
3. Medical Fitness Certificate
4. Copy of Passport
5. Signature of Applicant
6. Signature of Parents/Guardians

Verified by

**NOTE :SEND Rs.500/-ON THE NAME OF SAI PROFESSIONAL ACADEMY**