AERO SPACE SOCIETY OF INDIA

(Registered under the Andhra Pradesh societies Registration Act 2001(Act no. 35 to 2001). Registered no. 1691 of 2012)

Registration Form

FORM No:

Affix Passport Size Photograph

ENROLLMENT NUMBER :-

Course Applied_____

Lateral Admission Yes No

STUDENT'S INFORMATION

Name of the Student _____

Date of Birth (DD./MM .... /YY .....) _____ Gender: Male Female

Father's/Husband's Name _____ Occupation _____

Mobile no. _____ E-mail_____

Mother's Name _____ Occupation _____

Permanent Address:-

City_____DISTRICT_____PIN_____ ___

Temporary Address:-

City_____DISTRICT_____PIN_____ ___

Marital Status Married Unmarried

Academic Record	University/Board	Year of Passing	Total Marks obtained	Maximum Marks	Percentage of Marks	Division
10th						
10+2						
Graduation						
Post Graduation						
Other						

DECLARATION BY THE STUDENT

I_____S/o_____ declare that all information in this application is complete, factually and honestly correct. I have read the rules and regulations mentioned in the prospectus and will adhere and abide by the same. I shall remain disciplined in the campus. I also promise that I will not indulge in any unlawful activities including ragging. In failing so, Institution has right to take action against me and I will honour the same.

(Signature of the Student)