



A.H.A. AIRLINE & HOTEL MANAGEMENT ACADEMY

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S.No. _____

ADMISSION FORM

PHOTO

Candidate Name.....

Mother's Name.....

Occupation.....

Father's Name.....

Occupation.....

Contact No. (Landline).....

(Mobile).....

Address:.....

Pincode

City.....

State.....

Nationality.....

Candidate Contact No.....

E-mail ID (Personal):.....

Passport No.....

Date of Birth

Sex: Male

Female

Course Applied for:.....

Branch:.....

Mode of Admission: Regular

Correspondence

Date:.....

Signature of Student

Educational Qualification:

Examination	Board/University	Subject	Pass Year	Division	Other Remarks

UNDERTAKING FORM

Mr./Miss S/o, D/o

1. Have chosen to enrol and study Airwing Hospitality Academy (A.H.A.) and accept and agree to be bound by these rules and regulation as hereunder. I agree to abide by the same without any lapse or otherwise.
2. I acknowledge the receipt of the Airwing Hospitality Academy (A.H.A.) prospectus and my parents have carefully read it and after that I have decided to enroll for my chosen course. I also understand that it is my responsibility to ensure that I am for the course chosen by me.
3. I accept and understand that I will not claim any refund/transfer of the course fee in case I wish to withdraw/discontinue from the course for any reason whatsoever after registration.
4. I agree that the management reserves the right to revise, change, amend, add to, or delete the course content and course duration, at any stage of the course, if it deems proper. I shall not have any claim, grievance of demand in this regard.

Signature of Guardian/Parents

Name:

Date:

Signature of Applicant

Name:

Date:

Enclosures:

Please enclose and submit the following documents with the application form and check there respective items on the list.

- DD / Cheque / Cash.....Registration Fee of Rs. 1000/-
- Notary Format on Rs. 10/- Stamp Paper.

Office use only:

Date of Interview	Reference No.	Date of Admission	Date of Joining	Batch No.

Checked By

Director

MEDICAL CERTIFICATE

Please take medical certificate from MBBS Doctor that the candidate is physically and mentally fit for this course and attach MEDICAL CERTIFICATE with this admission form.

DECLARATION BY THE PARENTS

I agree with all rules and regulation which are given in the prospectus with admission form and the management reserves all the right. Whenever he/she is required to leave academy for home the academy will not be held responsible during the travel for any matter and I shall not have any claim for any grievance or demand in this regard.

Parent's Signature

Two Self attested copies each of:

1. Medical Certificate.
2. 4 Passport size recent colour photographs.
3. Secondary Mark Sheet / Certificate / 10+2 Mark Sheet
4. Graduation Mark Sheet / Others Appreciation Certificate

Yes, I have enclosed all the above certification in two self attested copies.

Signature of Applicant