

Education Qualification of the Applicant

Std.	Board/University	Years of Passing	Name of the school/College	Total Percentage
X				
XII				
Equiv.				
Higher Edu.				

Hostel Required: Yes No

Declaration by Student & Parent's / Guardian's

I hereby declare that the information provided by me in this application form is true and correct to the best of my knowledge & belief.

I have read and understood all the rules and regulations of the institute to be followed as given in code of conduct documents which is signed by me and promise to abide by them at all time during the training. I further declare that I will not hold SOCAT responsible for any legal claim arising due to any fees issue / academic issue / injury / accident or fatal of my Son / Daughter / Ward during the period of training & technical tour. All disputes will be settled within the jurisdiction of Ahmedabad.

Note: Fees once paid will not be refunded.

Applicants Signature _____

Date: _____

Father's/Mother's Signature _____

Date: _____

Guardian's Signature _____

Date: _____

For Office Use Only:

Form Checked by Mr/Ms. _____ Signature _____

Admission Granted in _____ Month _____ to _____ in Batch _____

Course Head _____ Date _____

Note : Students has to submit the following documents along with the application form.

- Five Passport Size Photographs
- School Leaving Certificate
- 10th Passing Certificate (Original)
- 10th Mark Sheet (Original)
- 12th Passing Certificate (PCM) (Original)
- 12th Mark Sheet (PCM) (Original)
- Diploma Mark Sheet of all Semester (Original)
- Diploma Passing Certificate & Equivalency Certificate (Original)
- Medical Certificate & Blood Group Certificate
- Aadhaar Card of Student
- Photo ID of Parents
- Address Proof of Student (Set attested)

SILVER OAK COLLEGE OF AVIATION TECHNOLOGY

Silver Oak University

Nr. Bhavik Publications, Opp. Bhagwat Vidyapith,
S.G.Highway, Gota, Ahmedabad - 382481.

+91-79-66046304, +91-79-66046300 ✉ socat@silveroakuni.ac.in

🌐 socat.silveroakuni.ac.in



MEDICAL CERTIFICATE

(To be provided by a Registered Medical Practitioner holding at least M.B.B.S)

Mr./Ms _____ whose signature is appended has been medically examined for any known disability or disorder which may become an hindrance to perform the normal functions of a Cabin Crew.

He / She has _____ physical disabilities or disorder / no physical disabilities or disorder.

He / She has been assessed medically fit / unfit to function of a Cabin Crew.

(Strikeout whichever is not applicable)

Signature of Doctor _____

Registration No. _____

Designation _____

Date _____

Signature of the applicant with Date