

# 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



## APPLICATION FORM

FORM SR.  
NO.

Admission Opted In Branch : Tick (✓) Whichever Applicable

1. Aircraft Maintenance Engineering In Mechanical  Avionics
2. Aircraft Maintenance Engineering In Mechanical   
Avionics  Alongwith B.Sc (Hons.) Aircraft Maintenance

### Applicant Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Category: General  OBC  SC/ST  Gender: Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Occupation of Parents/Guardians: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Pin code: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Pin code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Telephone: \_\_\_\_\_

Marital Status: Married  Unmarried  Citizenship \_\_\_\_\_

### Education Qualification :

Exam Passed	Year	Subject	Percentage of Marks	Boards/University
10 <sup>th</sup>				
12 <sup>th</sup> Or Diploma				
Others				

### For Office Use Only

Form Checked by Mr/Ms. \_\_\_\_\_ Signature \_\_\_\_\_

Admission Granted in \_\_\_\_\_ Month \_\_\_\_\_ to \_\_\_\_\_ in Batch

Course Head \_\_\_\_\_ Date \_\_\_\_\_

## DOCUMENT TO BE ATTACHED WITH THIS FORM

- Five Passport Size Photographs [Face size 70% with white background]
- 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)

## DECLARATION

(Before filling the form the candidate is requested to read his declaration carefully given below)

1. The entries made in this form are correct and no alteration of any kind shall be asked here in after
2. I shall abide by the rules, regulations, general guidelines and standing order of the institution, mentioned in the prospectus. Ignorance of the same will not be taken as an excuse for any reason and purpose.
3. I shall not claim any sort of refund from this institution (after admission) including the admission charges under any circumstances, even if I have not attended a single class.
4. Tuition fees and other dues will be paid by me on or before the due date. In case I leave early than the completion of the course, I am liable to forfeit the entire fee, caution deposited etc.
5. I have not concealed any fact or material by information in filling of these application form, nor submitted any fake certificates. I also do not stand debarred from any public examination
6. I shall never take part in any strikes or such activities which are not admissible according to the rule of the institution and also agree to abide by the rule. In the case I take part in any sort of strikes or such activities my name may be struck-off without any information and be debarred from the examination and hereby I shall not claim any sort of the refund of fees paid.
7. All disputed of SOCAT will be under the jurisdiction of the civil court of Ahmedabad only.
8. I undersigned parent/guardian enclosed the declaration of candidate/students with the undertaking to give effect to the same

Signature of the Candidate

Signature of the  
Parent/Guardian with Name

## DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN

1. undersigned hereby declare to accept the responsibility for the regular payment of fees, other dues, good conduct and the observance rules and regulation of the institute by.

Mr. / Mrs. \_\_\_\_\_

in the Institution. I also promise that I will be in constant touch with my child/ward and the INSTITUTE AUTHORITY by meeting personally or by writing so as to find the progress made or failure encountered by my Son/Daughter and also to get information regarding the changes made in any respect.

Pace :

Date :

Signature of Parent / Guardian  
Name & Address of the Guardian

## ADMISSION APPROVED / REJECTED

For Office Use:

1. Institute Registration Fee Receipt
2. Admission Fee Receipt
3. Date of Admission
4. Students Enrolment

No : \_\_\_\_\_

No : \_\_\_\_\_

No : \_\_\_\_\_

No : \_\_\_\_\_

This form is verified by the Training Manager as on \_\_\_\_\_ as per the requirement of DGCA in all respect.

Signature of the Training Manager

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## MEDICAL FITNESS CERTIFICATE

(To be given by Registered Medical Practitioner holding at least MBBS degree)

Mr./ Ms \_\_\_\_\_ whose signature is given below, has been medically examined by me.

He/ She has the following physical disabilities / No physical disabilities.

Report:

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SEAL  
(Doctor)

Signature of Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL CERTIFICATE FOR COLOUR VISION

Mr. / Ms \_\_\_\_\_ whose signature is given below, has been examined by me for his / her colour vision.

**The colour vision has been tested with:-**

1. Pseudo -Isochromatic Plates

2. Approved Lantern test

3. Any other test if applicable

**(Tick [✓] the appropriate)**

His / Her colour vision is: (1) Normal (2) Defective Safe (3) Defective Unsafe

Report:

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SEAL  
(Doctor)

Signature of Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Date \_\_\_\_\_