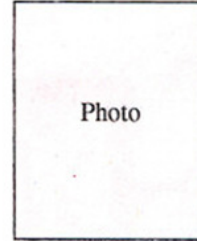




Serial No.

Banasthali Vidyapith Gliding & Flying Club P. O. Banasthali Vidyapith



Membership Form

Name of Trainee
 Personal Information Sex : M/F Height :cms. Weight :kgs.
 Date of Birth :/...../..... {mm/dd/yy}
 Age :yrs.
 Place of Birth :
 Nationality :
 Passport No. (if any) :

Father's/Guardian's Detail
 Name
 Occupation
 Full Postal Address
 H.No./Street.....
 City/Town.....
 State.....PIN.....
 Phone (with STD Code).....
 Mobile :
 E-mail :

Emergency Contact
 Name.....
 Relationship.....
 H.No./Street.....
 City/Town.....
 State.....PIN.....
 Phone (with STD Code).....
 Mobile :
 E-mail :

Academic Record :

Standard	School/College	Board/University	Year of Passing	Subject Studied

Course Applied for :

I understand that giving false information or withholding necessary information may make me ineligible for the admission or termination from the course. I attest that my answers entered on this form are correct and complete. I have read and understood the rules & regulations and will abide by them.

Date :

Student Signature