



IECD

Institute for Entrepreneurship and Career Development
BHARATHIDASAN UNIVERSITY

Khajamalai Campus, Tiruchirappalli-620 023

Madras Flying Club Aviation Academy
Trichy International Airport, Tiruchirappalli - 620 007

Application No. :



Passport Size
Photo

ENROLMENT FORM

Programme Desired for :

Choice of Session/Batch : Forenoon / Afternoon / Week End

Name of the Applicant (in English) :
(in Tamil) :

Name of the Parent/Guardian :
Address for Communication with :
PIN CODE Number (Phone No: If any) :

Details of your Employment :

Date of Birth and Age :

Sex : Male / Female

Marital Status : Married / Unmarried / Widow / Divorced

Nationality :

Religion :

Community : OC / BC / MBC / SC / ST

Differently Abled person : Yes/ No. If yes details please
Details of Qualification :
(Enclose the Proof)

Fees Particulars

| | Amount (Rs.) | DD Number | DD Date | Name of the Bank & Branch |
|----------------|--------------|-----------|---------|---------------------------|
| Appl. Fees | | | | |
| Programme Fees | | | | |

I here by declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the IECD that are in force from time to time.

Station :

Date :

Signature of the Candidate