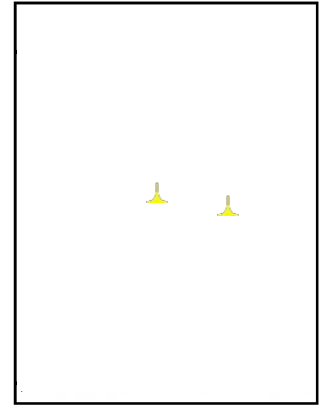




**Application Form**  
**Aircraft Maintenance Engineering**  
**2 years (Regular)**



Student ID: \_\_\_\_\_

(Official use only)

Date: \_\_\_\_\_ *dd/mm/yy*

Referred by: \_\_\_\_\_

*Fields marked with (\*) are required. Application checklist attached on last page.  
Please fill out the information as per the official passport documents*

**Personal Details**

\*Title \_\_\_\_\_

\*First Name \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ *dd/mm/yy* \*Gender \_\_\_\_\_ \*Occupation \_\_\_\_\_

\*Nationality \_\_\_\_\_ \*Country of Residence \_\_\_\_\_

\*Passport Number \_\_\_\_\_ \*Expiry date \_\_\_\_\_ *dd/mm/yy*

\*Visa Status In UAE \_\_\_\_\_

**Contact Details**

\*Landline No. \_\_\_\_\_ \*Mobile No. \_\_\_\_\_

\*E-mail ID \_\_\_\_\_ \*UAE Contact (IF ANY) \_\_\_\_\_

Permanent Address / Mailing Address \_\_\_\_\_  
\*Alternate e-mail \_\_\_\_\_

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

**Parents/Guardians Details**

\*Father's Name \_\_\_\_\_ \*Occupation \_\_\_\_\_

\*Landline No. \_\_\_\_\_ \*Mobile No. \_\_\_\_\_

\*E-mail ID \_\_\_\_\_ \*UAE Contact (If available) \_\_\_\_\_

\*Mother's Name \_\_\_\_\_ (As per Passport)

\*Landline No. \_\_\_\_\_ \*Mobile No. \_\_\_\_\_

\*E-mail ID \_\_\_\_\_ \*Occupation \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Landline No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

## Applying for

Tick the box

*\*Which course?*

- Aircraft Maintenance Engineering (AME) A1 and A2
- Aircraft Maintenance Engineering (AME) A1 and A2 + KLM B1.1
- Aircraft Maintenance Engineering (AME) A1 and A2 + KLM B2
- Aircraft Maintenance Engineering (AME) A1 and A2 + KLM B1.1 and B2

## Fees for Registration

\* Registration fees, visa charges and 1st installment USD 5,000

## Academic Background (Secondary or Higher Education)

Institution Name	Educational Level	Subject/ Specialization	%Score	Year of Graduation

## Work Experience (If any)

Job Title	Name of Organization	Address	Start Date (MM-YY)	Finish Date (MM-YY)

## Medical History

\* Do you have any medical issues

Yes

No

If yes, please explain:

## Refund Policy

If the student wishes to leave the program due to any reason(s) after the registration, no refunds will be provided in terms of any fee paid for the registration, visa arrangement or previous installments(s).

**Next step:** I ask that you confirm this application form along with the USD 5,000 admission fee and the completed documents.

**First installment should be paid to the following Bank Account:**

Bank Name:	EMIRATES NBD BANK, DUBAI, U.A.E
Branch Address:	RASHIDIYA BRANCH DUBAI
Account Name:	VISION CONCEPT AVIATION TRAINING INSTITUTE
Account No.:	1014702121101
IBAN No.:	AE150260001014702121101
Swift Code:	EBILAEAD
Account Type:	Current Account AED
Purpose:	AME FEES

## Declaration

I hereby declare that I have answered all the questions in this application fully and truthfully. I shall abide by the rules and regulations of Vision Concept Aviation Training Institute (VCATI). I have attached all required documentation.

\*Applicant's Signature \_\_\_\_\_

\*Date \_\_\_\_\_ *dd/mm/yy*

\*Parent/Guardian Signature \_\_\_\_\_

\*Date \_\_\_\_\_ *dd/mm/yy*

**Student Application**

A Clear Scanned Copy of Applicant's International Passport	<input type="checkbox"/>
Last Educational Certificate Achieved	<input type="checkbox"/>
Last Educational Transcript	<input type="checkbox"/>
A Clear Scanned Copy of Passport Photograph (white background)	<input type="checkbox"/>

**FOR OFFICIAL USE ONLY**

Admission Committee \_\_\_\_\_ Admission Number \_\_\_\_\_

Director's Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee Package \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ dd/mm/yy



**VISION**

CONCEPT AVIATION TRAINING INSTITUTE

Vision Concept Aviation Training Institute

P.O. Box 79780, Dubai, UAE

+971 4 288 4474 info@vcati.ae