



HYDERABAD COLLEGE OF AVIATION TECHNOLOGY

AME INSTITUTE, NIU CAMPUS, KUMARACOIL, THUCKALAY,
KANNIYAKUMARI DIST.629180

DECLARATION BY PARENT OR GUARDIAN

In the event of my son / daughter / ward Mr./Miss _____
being admitted to Hyderabad College of Aviation Technology(HCAT) at Noorul Islam
University Campus, Kumaracoil, I shall be responsible for his/her conduct in and outside the
Institute campus and fully aware with the fee structure and able to pay the fee on time. I
am aware that the Institute rules require a minimum attendance of 90% in lectures and
session for each subject. I will withdraw my ward/son/daughter if his/her attendance,
progress or conduct is unsatisfactory. I have also read the refund clauses and aware about
the circumstances in which the fee are refundable. In case of deviation from the condition
of refund clause, I will have no right to claim for any kind of fees.

Full Name _____ Parent/Guardian (Relation to candidate)

Occupation _____

Address for Communication _____

Telephone No. _____ E-mail (if any) _____

(Signature of Parent / Guardian)