



INDIRA GANDHI RASHTRIYA URAN AKADEMI

ELP TRAINING & TESTING

IGRUA Conducts Two Batches of (ELP) Training & Testing within its Campus Every Month

Course details are given below -

- 1) Duration of course (approx. 6 working days) - **30 hours**
- 2) Course fees-
 - a) Training & Testing - **Rs.45000/- + GST (currently 18%)**
 - b) Testing only - **Rs.10000/- + GST (currently 18%)**

Payments to be made via NEFT or RTGS bank transfers to any of the following IGRUA Accounts:

- Saving Account No. 09451450000056 with HDFC Bank Ltd. Raebareli Branch Code: HDFC0000945
- Saving Account No. 910010009609645 with Axis Bank Ltd. Raebareli Branch Code: UTIB0000681
- Saving Account No. 30465741888 with State Bank of India Fursatganj Branch Code: SBIN0011487

- 3) Boarding and Lodging will be charged separately which is approximately Rs.2000/- per day.
- 4) Candidates are requested to contact Mr. Sundeep Puri, Admin Officer for information on his Mob 9871412063, Extn. No.404 (Off) and after working hours please contact attendant for availability and booking of the accommodation.

NOTE- All candidates are required to produce NEGATIVE RT-PCR COVID-19 test report within 72hrs of reporting to IGRUA.

Contact Details

- Address – Indira Gandhi Rashtriya Uran Akademi, Fursatganj Airfield, Dist. Amethi 229302(UP)
- Contact No. –
 - 0535-2441147, 2441144, 50, 51,
 - Extn no.- 489,
 - ELP Instructor – 414,
 - Admi Officer – 404
- For any query contact Mr. Ashutosh Mishra – Mobile No.- 9450100061
- Email – igrua[dot]frontoffice[at]gmail[dot]com
- All the eligible and interested candidates are required to fill the attached registration form and email to igrua[dot]frontoffice[at]gmail[dot]com

INDIRA GANDHI RASHTRIYA URAN AKADEMI

AVIATION ENGLISH LANGUAGE PROFICIENCY (AELP)

REGISTRATION FORM (INITIAL/RENEWAL)

(ALL DETAILS TO BE FILLED IN CAPITAL)

1) NAME - _____

2) PMR FILE NO - _____

3) FATHER'S NAME - _____

4) ADDRESS - _____

5) CONTACT NO. - _____

6) EDUCATIONAL QUALIFICATION -

• 10TH (SUBJECTS) - _____

• 12TH (SUBJECTS) - _____

7) WHETHER HOLDING ANY PILOT LICENSE – YES / NO

- IF YES - GIVE LICENSE DETAILS –

TYPE	OF	LICENSE NO.	VALIDITY
LICENSE			
CPL/ATPL			
FRTOL			
RTR			
ELP LEVEL-			

- IF NO, GIVE DETAILS OF ALL WRITTEN EXAMINATIONS PASSED FOR ISSUE OF LICENSE -

S.NO	SUBJECT	SESSION	RESULT	ROLL NO.
1.	AIR REGULATION			
2.	AIR NAVIGATION			
3.	AVIATION METEOROLOGY			
4.	TECHNICAL GENERAL			
5.	TECHNICAL SPECIFIC			
6.	RADIO TELEPHONY			

(PLEASE ATTACH ALL THE REQUIRED SELF ATTESTED SUPPORTING DOCUMENTS)

8) FEE DETAILS –

TRANSACTION DETAILS	
ELP TRAINING & TESTING	
OR	
ELP TESTING ONLY	

9) RT-PCR COVID TEST REPORT SHOULD BE IN POSSESSION AT THE TIME OF REPORTING.

DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE - _____

SIGNATURE OF APPLICANT