CABINET SECRETARIAT (GOVERNMENT OF INDIA)

Note: Please fill in the form in English capital letters Name of the Post applied for: **Trainee Pilot** Affix self-attested recent passport size colour photograph 1. Name 2. Nationality MALE **FEMALE** 3. Gender (Tick '√' whichever is applicable) 4. Father's Name 5. Mother's Name 6. Date of Birth Date Month Year **Place** Years 7. Age as on closing date: Months Days 8. Address for correspondence PIN STATE 9. Contact No. (Mobile) (Mandatory) 10. Email Id (Mandatory): (IN BLOCK CAPITAL LETTERS) 11. Religion SC ST General 12. Category (Tick '√' whichever is applicable) OBC Ex-Service Men Central Govt. Employee Years 13. If ex-serviceman, please Months Days specify length of Defence service (Enclose copy of discharge certificate) MARRIED **UNMARRIED** 14. Marital Status (Tick '√' whichever is applicable) If married, a) Name of spouse b) Religion of spouse c) Nationality of spouse

- 15. Educational and Technical qualifications from matriculation onwards: -
- (a) Educational Qualification (Attach self-attested copies of all mark-sheets & certificates):

| Exam / Degree | University/ Board | The second second | Duration of the Course | | Subjects Studied | Total marks obtained in | | |
|------------------|----------------------|-------------------|------------------------|----|---------------------|-------------------------|--|--|
| passed | | | From | То | | percentage (%) | | |
| | | | 1 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(b) Technical Qualification (Attach self-attested copies of relevant certificates i.e.FCLE etc.):

| etc.). | | | | | | | | | |
|---|------------|-----------------------|------------|--|-------------------------------|----------|------------------------------------|---------|--|
| (i) Indian Licen | ce detai | ls:- | | | | | | | |
| License | Name of | | Number | Date of | Validi | Validity | | Remarks | |
| Category | Instit | ute | | Issue | From | То | | | |
| CPL | | | | | | | | | |
| Any Other | | No. | | - 1 | / () | 9 | | | |
| (ii) Medical Ass | essmen | t:- | | | | | | | |
| Last medical de | one on | Medical validity upto | | | Medical status (Fit/Unfit) | | Remarks (limitations if any) | | |
| (iii) English La | nguage | Profi | iciency (E | LP) Certi | ficate:- | | | | |
| ELP level | | ELF | done on | | ELP Valid till | | | | |
| (iv) Hours flow | /n:- | | | | | | | | |
| Type of A/C | | Con | nmand | First Officer or Dual | | | otal | Remarks | |
| (i) Single Engine | | | - 4 | • | | | | | |
| (ii) Multi Engine | e | | | | | | | | |
| Total | | | | 2 | | | | | |
| Did you have an (Brief details the warning awarde | reof incli | uding | | The state of the s | Ì | res | ***** | No | |
| DGCA Compute | r No: | | | | | | | | |
| 16. Whether emp | | | | : Ye | s / No | | | | |

DECLARATION

I hereby declare that (a) I fulfil the laid down eligibility conditions for the post of Trainee Pilot, and (b) I have not submitted any other application in response to the same advertisement. In the event of information or part thereof being found incorrect at any stage, my candidature / appointment is liable to be cancelled / terminated without any notice to me.

| Place | · |
|-------|---|
| Date: | |

Signature of the applicant with date