

## Srilankan HUMAN RESOURCES APPLICATION FORM FOR CADET PILOTS

## A PERSONAL DETAILS

1.NAME (as per passport):  2.DATE OF BIRTH:  3.ADDRESS:  4.TELEPHONE/MOBILE
3.ADDRESS:  4.TELEPHONE/MOBILE
3.ADDRESS:  4.TELEPHONE/MOBILE
4.TELEPHONE/MOBILE
4.TELEPHONE/MOBILE
NO:
5.EMAIL ADDRESS:
6.CITIZENSHIP:
7.NATIONAL I.D. NO:
B EDUCATIONAL QUALIFICATIONS
G C F. O/I. EXAMINATION
G.C.E. O/L EXAMINATION
SUBJECT GRADE YEAR
SUBJECT GRADE YEAR 1.
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G.C.E. A/L EXAMINATION							
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Signatu	Signature				Date		
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C PROFESSIONAL DETAILS							
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D	LIMITATIONS OR ENDORSEMENTS ON LICENCE & FROZEN ATPL

E	INSTRUMENT RATING					
				DATE-A/C TYPE OF LAST I/R CHECK		

F FLYING EXPERIENCE							
TYPE OF AIRCRAFT	ALL UP WEIGHT	COMM	ANDER	CO-PILOT			
	(kg)	P1 HRS	DATE OF LAST FLIGHT	P1 (U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT	
Total Number of Flying Hours to Date :							

G AVIATION BACK GROUND						
AIRLINE	ORGANISATION	PERIOD OF EMPLOYMENT	AIRCRAFT TYPE			
HAVE YOU BEEN I	NVOLVED IN ANY A	CCIDENT OR INCID	ENT?			
HAVE YOU BEEN I	NVOLVED IN ANY I	NQUIRY OR INVES	TIGATION?			
DO YOU HAVE A W	/AIVER ON YOUR PI	LOT MEDICAL CERT	TIFICATE?			
HAS THE RENEWA GROUND?	L OF YOUR LICENC	E EVER BEEN DEFER	RED ON MEDICAL			
NAME		JATURE	DATE			