

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		
NO:		
	1	
5.EMAIL ADDRESS:		
	1	
6.CITIZENSHIP:		
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7.NATIONAL I.D. NO:		
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	C.E. O/L EXAMINATI	
SUBJECT	C.E. O/L EXAMINATI GRADE	ON YEAR
SUBJECT 1.		
SUBJECT		
SUBJECT 1. 2.		
SUBJECT 1. 2. 3. 4. 5.		
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SUBJECT 1. 2. 3. 4. 5. 6. 7.		
SUBJECT 1. 2. 3. 4. 5.		
SUBJECT 1. 2. 3. 4. 5. 6. 7.	GRADE	YEAR
SUBJECT 1. 2. 3. 4. 5. 6. 7. 8. Certified by Commission	GRADE	YEAR
SUBJECT 1. 2. 3. 4. 5. 6. 7.	GRADE	YEAR
SUBJECT 1. 2. 3. 4. 5. 6. 7. 8. Certified by Commission certificate attached	oner of Examination	YEAR
SUBJECT 1. 2. 3. 4. 5. 6. 7. 8. Certified by Commission	oner of Examination	YEAR

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		G.C.E	. A/L	EXAMIN	ATION			
S	SUBJECT		G	RADE			YEAR	
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2.								
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	DEGREE			INST	OITUTIO	N	YEAR	
C PRO	FESSIONAL D	ETAIL!	<u>s</u>					
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HAVE YO		R THE	POST (	OF CADE	T	YES	NO	
		R THE	POST C	OF CADE	T	YES	NO	
		TECH	POST C		T ADA		NO	
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PILOT BI	PRELIMINARY INTERVIEW	TECH	ASSES	M	ADA	PT	FINAL	W
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YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	SI ASSES	M SSMENT	ADA ASSESS RS	PT	FINAL INTERVIE	
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	SI ASSES	M SSMENT	ADA ASSESS RS	PT	FINAL INTERVIE	
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YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	SI ASSES	M SSMENT	ADA ASSESS RS	PT	FINAL INTERVIE	

D	LIMITATIONS OR ENDORSEMENTS ON LICENCE & FROZEN ATPL

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

F FLYING TYPE OF AIRCRAFT	G EXPERIENCE ALL UP COMMANDER WEIGHT			CO-PILOT		
	(kg)	P1 HRS	DATE OF LAST FLIGHT	P1 (U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT
Total Num						

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	TFICATE?					
LIAC THE DENEWA	U OF VOUR LIGHT		DED ON MEDICAL					
GROUND?	IL OF YOUR LICENC	E EVER BEEN DELEK	RED ON MEDICAL					
NAME			 DATE					



## HUMAN RESOURCES APPLICATION FORM FOR JUNIOR FIRST OFFICER

## A PERSONAL DETAILS

1. NAME (as per passport):			
2. DATE OF BIRTH:			
3. ADDRESS:			
	I		
4. TELEPHONE/MOBILE			
NO:			
	<u> </u>		
5. EMAIL ADDRESS:			
6. CITIZENSHIP:			
7. NATIONAL I.D. NO:			
B EDUCATIONAL Q	<u>UALIFICATIONS</u>		
		ION	
	UALIFICATIONS  E.E. O/L EXAMINATIONS  GRADE	ION	YEAR
G.C	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT  1. 2.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4. 5.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4. 5. 6.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4. 5.	.E. O/L EXAMINATI	ION	YEAR
G.C SUBJECT 1. 2. 3. 4. 5. 6. 7.	.E. O/L EXAMINATI GRADE		
G.C SUBJECT 1. 2. 3. 4. 5. 6.	.E. O/L EXAMINATI GRADE		
G.C SUBJECT  1. 2. 3. 4. 5. 6. 7. 8.  Certified by Commission	.E. O/L EXAMINATI GRADE		
G.C SUBJECT  1. 2. 3. 4. 5. 6. 7. 8.  Certified by Commission	.E. O/L EXAMINATI GRADE  ner of Examination		
SUBJECT  1. 2. 3. 4. 5. 6. 7. 8.  Certified by Commission certificate attached	.E. O/L EXAMINATI GRADE  ner of Examination		

		G.C.E. A/L	<b>EXAMIN</b>	ATION		
S	SUBJECT		RADE			YEAR
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2.						
3.						
4.						
	d by Commiss	ioner of Exa	nination	Depart	ment	OR
certifica	te attached:					
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Signatu	re			Date		
DECREE	EDOM A DEGO C		CYPRY			
DEGREE	FROM A RECOG	NISED UNIVER		NIMIIMION		TIDAD
	DEGREE		INST	<b>TITUTION</b>		YEAR
C PRO	FESSIONAL D	ETAILS				
<u> </u>						
HAVE YO	OU APPLIED FO		OF JFO		YES	NO
	OU APPLIED FO		OF JFO		YES	NO
HAVE YO	OU APPLIED FO	R THE POST				
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HAVE YOUR BEFORE	PRELIMINARY INTERVIEW	SIM ASSESSMENT  LICENCE PAI	ADAP	RS DATE O	FINA	AL ERVIEW
HAVE YOUR BEFORE	PRELIMINARY INTERVIEW	SIM ASSESSMENT  LICENCE PAI	ADAP	RS DATE O	FINA	AL ERVIEW

D	LIMITATIONS OR ENDORSEMENTS ON LICENCE

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

F FLYING EXPERIENCE							
TYPE OF AIRCRAFT	ALL UP WEIGHT	СОММ	ANDER	CO-PILOT			
	(kg)	P1 HRS	DATE OF LAST FLIGHT	P1 (U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT	

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				
BROUND?							
NAME		 JATURE	 DATE				