

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:	
5.EMAIL ADDRESS:	
COMMENSATION	
6.CITIZENSHIP:	
7.NATIONAL I.D. NO:	
7.NATIONAL I.D. NO.	
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B EDUCATIONAL QUALIFICATIONS G.C.E. O/L EXAMINA	TION
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C PROFESSIONAL DETAILS							
	OU APPLIED FO	R THE	POST	OF CADE	r	YES	NO
HAVE YO		R THE	POST	OF CADE	<u>r</u>	YES	NO
		R THE 1	POST	OF CADE	г	YES	NO
PILOT BI	EFORE? PRELIMINARY	тесн	S	IM	ADA	PT	NO
PILOT BI	EFORE?		S			PT	
PILOT BI	EFORE? PRELIMINARY	тесн	S	IM	ADA	PT	FINAL
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PILOT BI	PRELIMINARY INTERVIEW	TECH	ASSE	IM	ADA	PT	FINAL
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	ASSE	IM SSMENT	ADA	PT	FINAL
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	ASSE ASSE DITRY	IM SSMENT	ADA ASSESS RS DATE C	PT	FINAL INTERVIEW
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	ASSE ASSE DITRY	IM SSMENT	ADA ASSESS RS DATE C	PT	FINAL INTERVIEW
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	ASSE ASSE DITRY	IM SSMENT	ADA ASSESS RS DATE C	PT	FINAL INTERVIEW
YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	ASSE ASSE DITRY	IM SSMENT	ADA ASSESS RS DATE C	PT	FINAL INTERVIEW

D	LIMITATIONS OR ENDORSEMENTS ON LICENCE & VALID ATPL KNOWLEDGE ENDORSEMENT

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

TYPE OF AIRCRAFT	ALL UP WEIGHT	COMMANDER		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 T	NVOLVED IN ANY I	NOUTRY OR TNVFS	TTGATTON2				
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DO YOU HAVE A W	/AIVER ON YOUR PI	LOT MEDICAL CERT	TIFICATE?				
HAS THE RENEWA	L OF YOUR LICENC	E EVER BEEN DEFER	RED ON MEDICAL				
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NAME	SIGN	IATURE	DATE				