



**APPLICATION FORMAT**  
**TRAINEE ENGINEER - SUPPORT SERVICES**

Through Proper Channel

- I. NAME :
- II. DESIGNATION/ GRADE :
- III. SAP NO :
- IV. PLACE OF POSTING :
- V. DATE OF JOINING AIESL :
- VI. DATE OF JOINING PRESENT GRADE :
- VII. TOTAL AVIATION EXPERIENCE :
- VIII. DATE OF BIRTH :
- IX. EMAIL ADDRESS :
- X. MOBILE NO. :
- XI. LANDLINE NO. :
- XII. OFFICE CONTACT NO. :
- XIII. Name of Reporting Manager/Executive :
- XIV. Current position held in the Company :

Paste  
Passport  
Size  
Photograph

| PAY SCALE | DESG. | DEPTT. | DATE OF ENTRY<br>IN THE PAY<br>SCALE | DETAILS OF<br>POSTING/<br>STATIONS<br>(FROM- TO) | REMARKS |
|-----------|-------|--------|--------------------------------------|--|---------|
|           |       |        |                                      |  |         |



**XV. Educational Qualifications:**

| Exams | Univ./Board | School/<br>College | Year of<br>Passing | Subjects | % age of<br>marks | Class/<br>Divn. |
|-------|-------------|--------------------|--------------------|----------|-------------------|-----------------|
|       |             |                    |                    |          |                   |                 |
|       |             |                    |                    |          |                   |                 |
|       |             |                    |                    |          |                   |                 |
|       |             |                    |                    |          |                   |                 |
|       |             |                    |                    |          |                   |                 |

**XVI. DGCA License / BAMEL Qualifications (Pl. furnish chronologically):**

| CATEGORY OF AME<br>LICENCE/ BAMEL | YEAR OF PASSING | LICENCE/ BAMEL NO. | RT LICENSE DETAILS (IF ANY) |
|-----------------------------------|-----------------|--------------------|-----------------------------|
|                                   |                 |                    |                             |
|                                   |                 |                    |                             |

- XVII. (a) Whether SC YES/NO  
 (b) Whether ST YES/NO  
 (c) Whether OBC YES/NO  
 (d) Whether Ex-servicemen YES/NO  
 (e) Person with disability YES/NO  
 (f) Whether EWS YES/NO

XVIII. Preferred Place of posting: 1. 2. 3.

XIX. Any other information, please specify:

The above information is true to best of my knowledge.

Through – Reporting Officer

Signature of the Candidate  
 Name & Designation:  
 Department Region/Station:  
 Employee No. / SAP No.  
 Date: