



**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

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



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: