

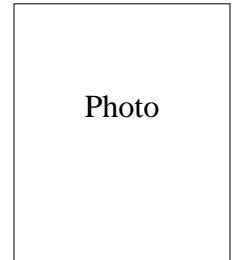


# Academy of Aviation and Professional Excellence

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## APPLICATION FORM



1. NAME :  
INITIALS EXPANDED
2. FATHER'S/SPOUSE'S NAME :
3. DATE OF BIRTH / AGE :
4. SEX : MARITAL STATUS :
5. HEIGHT ..... WEIGHT .....  
EYESIGHT : LEFT ..... RIGHT .....
- VITAL STATISTICS (FOR FEMALES) :  
IMPAIRMENTS (IF ANY) :
6. ADDRESS .....
- .....
- PHONE NUMBER ..... MOBILE NUMBER .....

### 7. EDUCATIONAL QUALIFICATIONS

EXAMINATION	YEAR	BOARD OR UNIVERSITY	SUBJECT	ACHIEVEMENT
S.S.L.C				
HSC/+2				
DAGREE				

### 8. PROFESSIONAL QUALIFICATIONS (IF ANY)

EXAMINATION	YEAR	BOARD OR UNIVERSITY	SUBJECT	ACHIEVEMENT

LANGUAGES KNOWN

LANGUAGE	SPEAK	READ	WRITE

9. HOBBIES :

10. EXTRACURRICULAR ACTIVITIES :

**DECLARATION**

I hereby solemnly declare that all the information given above are correct and true to the best of my knowledge.

PLACE : CALICUT

DATE :

SIGNATURE :

NAME :