



Items required to be submitted along with this form:

- ❖ Every application must be accompanied by the following:
 - Photostat copies of all education qualification (Self-attested- 1 copy each)
 - Photostat copies of passport, police verification and medical assessment. (Self-attested- 1 copy each)
 - Class 1/ Class 2 medical (Self attested -1 copy each)
 - Photostat copies of all aircrew licenses held (if any). Self attested
 - Photostat copies of first and last page of personnel flying logbook (if any). Self attested.
 - Ten recent photograph (passport size)

Originals should be presented for verification at the time of admission

*Affix your recent
passport size
photograph & sign
across it*

FOR OFFICE USE ONLY:
ENROLLMENT NUMBER:

Student Name (in Block Letters) _____

Date of Birth: ____ / ____ / ____ **E-mail ID :** _____

Mailing Address: _____

Pin : _____

Contact No (Mobile): _____ **Land Line (with STD Code) :** _____

Permanent Address (if any): _____

:Pin: _____

Contact No. (Mobile): _____ **Land Line (with STD Code) :** _____

School/College Last Attended / Presently Attending : _____

Address: _____

Pin : _____

(a) Father's Name: _____ **Qualification :** _____

Occupation: Business **Govt. Service** **Pvt. Service** **Others (please specify) :** _____

Name of the Company / Office: _____

Nature of Business / Job: _____ **Designation :** _____

Department _____ **Contact No (office):** _____

Office/Business Address: _____

Pin : _____

E-Mail ID: _____ **Mobile No :** _____

(b) Mother's Name: _____ **Qualification :** _____

Occupation: Business **Govt. Service** **Pvt. Service** **Others (please specify) :** _____

Name of the Company / Office : _____

Nature of Business / Job: _____ **Designation** _____

Department: _____ **Contact No (office):** _____

Office/Business Address: _____



Enrollment Form

GARG AVIATION LTD.
CIVIL AERODROME, KANPUR

E-Mail ID: _____ Mobile No : _____

(c) Details of the Local Guardian/relative (if any)

Local Guardian's Name : _____ Qualification : _____

Occupation : Business Govt. Service Pvt. Service Others (please specify) : _____

Name of the Company / Office : _____

Nature of Business / Job : _____ Designation : _____

Department : _____ Contact No (Office) : _____

Office/Business Address : _____

Pin : _____

E-Mail ID : _____ Mobile No : _____

Mailing Address : _____

Educational Detail:

QUALIFICATION	YEAR OF PASSING	MARKS IN PHYSICS	MARKS IN MATH
10 th			
10+2 or Equivalent			
Others			

Details of Course/training wanting to undergo at GAL: _____

I hereby declare that the information furnished above is true and correct.

Student's Signature

*Signature of Father / Mother / Legal Guardian

Name : _____

Name : _____

Date : _____

Date : _____

Place : _____

Place : _____



FLYING DETAILS

1. Please enclose self attested copies of all Indian & foreign licenses, ratings, medical etc

Details of Licenses/Rating Held:

S. No.	License & No.	Issuing Authority & Country	Date of Issue	Validity
1	SPL(A) No.			
2	FRTOL(R) No.			
3	FRTOL No.			
4	RTR(A) No.			
5	PPL(A) No.			
6	CPL(A) No.			
7	IR(A) No.			
8	AFIR(A) No.			
9	FIR(A) No.			
10	ATPL(A) No.			

1. Current medical assessment & validity:

(Please enclose self attested copy: Submitted/not submitted)

2. Please enclose self attested copy of the identification page, first page & last page of logbook

(submitted/ not submitted)

Details of flying experience

Write years for year wise, months for month wise or Aircraft for Aircraft Wise	SINGLE ENGINE AIRCRAFT				MULTI ENGINE AIRCRAFT								INSTRUMENT TIME			Instruc-tional Flying	Remark		
	DAY		NIGHT		DAY				NIGHT				ON AIRCRAFT		Synthetic Simulator hrs				
	Dual	Solo	Dual	Solo	UT	Co-pilot	P1 (US)	PIC	UT	Co-pilot	P1 (US)	PIC	Total	Simulated				Actual	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			(16)	(17)

4. Please enclose self attested copies of all DGCA exam passed. Computer No.:

Details of DGCA exam passed

Session	Roll No.	Exam	Marks Obtained

5 Please enclose self attested copy of all pages of passport : (Submitted/Not Submitted)

1. Date last flown with A/C type:

2. List of all types of Aircrafts Flown:

I hereby declare that the information furnished above is true & correct.

Student Signature

Name: _____

Date: _____

Place: _____