**RESUME OF AIRMAN**

**(Applied position:**  **FO**  **CAPT**  **TRI**  **DPE)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on P.P | : |  | | | | | |  | |
| Date of birth (D/M/Y) | : |  | Gender | : |  | | |
| Passport Number | : |  | Date of issue | : |  | | |
| Place of issue | : |  | Date of expiration | : |  | | |
| Email Address | : |  | | | | | |
| Post Address | : |  | | | | | |
| Mobile number | : |  | Skype ID | | | : |  | | |
| Nationality | : |  | Accident/Incident report | | | : :: | Yes  No | |
| Religion | : |  | Last flight | | | : |  | | |
| Total Flying Hrs Exp | : |  | Total Flying Hrs on type | | | : |  | | |
| Total P.I.C Hrs | : |  | P.I.C Hrs on type | | | : |  | | |

**PART I – WORKING EXPERIENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Organization | Position | Period  (dd/mm/yyyy) | | Aircraft type | Total flying hours | Note |
| From | to |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PART II – EDUCATION RECORDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Degree/Diploma  Certificate | Training Organization | Location | Period (dd/mm/yyyy) | |
| From | to |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**PART III – CURRENT VALID LICENCE AND RELATED APPROVAL**

| No. | Licence/Approval No. | Date of issue | Date of expiration |
| --- | --- | --- | --- |
|  | Aircraft Rating |  |  |
|  | OPC |  |  |
|  | Instrument Rating |  |  |
|  | Linecheck |  |  |
|  | CAT II/III |  |  |
|  | Instructor |  |  |
|  | ELP |  |  |
|  | ATPL |  |  |

**PART IV – PROFICIENCY OF FOREIGN LANGUAGE**

| No. | Foreign language | Training Organization | Level | Date of issue |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART V – MEDICAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Height | : |  |
|  | Weight | : |  |
|  | Did you have any surgery before? | : |  |
|  | Do you have any infection diseases? | : |  |
|  | Are you taking any medication now (If YES please state) | : |  |

**PART VI – AVAILABILITY**

IMMEDIATELY  WITHIN TWO WEEKS  NOTICE PERIOD:

**PART VII – DECLARATION**

I hereby assure the accuracy, fidelity of and bear all responsibilities in relation to above content.

|  |  |
| --- | --- |
| **Attestation of competent authority** | ,  **Declarant** |