**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/DiplomaCertificate | 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** |