

Registration No. 

For office use only

**CANDIDATE TO FILL THE FORM IN CAPITAL LETTERS**Category: CPL  Cabin Crew  Ground Staff  Other Gender: Male  Female  Height \_\_\_\_ ft \_\_\_\_ inches / \_\_\_\_ cms Weight \_\_\_\_ KgsCandidates Name: \_\_\_\_\_  
**(First) (Middle) (Last)**

Residential Address: Flat / Apartment House No. \_\_\_\_\_ Society / Building Name \_\_\_\_\_

\_\_\_\_\_ Locality / Road / Sector No. \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_ State: \_\_\_\_\_

Prominent Landmark: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Place of Birth \_\_\_\_\_  
(Day) (Month) (Year) (Years)**Academic Qualification:**

Level	School / College	Stream			Year
		Science	Commerce	Arts	
12 <sup>th</sup>					
Graduation					
Post-Graduation					

Do you wear spectacles? Yes No If yes, what is the power? \_\_\_\_\_

Do you have any disabilities? Yes No If yes, elaborate? \_\_\_\_\_

Do you have any previous medical history of Epilepsy, Asthma, Tuberculous, etc.?

If yes, elaborate \_\_\_\_\_

Marital status: Single  Married 

If married, Spouses Name \_\_\_\_\_ Occupation: \_\_\_\_\_

**Family details**

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Mobile No. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Personal documents:**Aadhar Card  Driving License  Pan Card  Passport **Educational:**10<sup>th</sup> Class Certificate  12<sup>th</sup> Class Certificate  Graduation Certificate 

Date:

Place:

Signature of Candidate

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Paste your  
passport size  
photograph  
**DO NOT STAPLE**