



Pawan Hans Limited
(A Govt. of India Enterprise)

PERSONAL – DATA

Affix recent
passport size
photograph

1. Name (in Block Letters) : _____
2. Father's/Husband Name : _____
and Occupation : _____
- (a) Mother's Name : _____
3. Address for Communication : _____
: _____
Contact No. : _____
E-mail ID : _____
4. Permanent Address : _____
: _____
Contact No. : _____
5. Date of Birth (in figure) : _____ Day _____ Month _____ Year
(in words) : _____
: _____
6. State of Domicile : _____
(a) Nationality : _____
(b) Religion : _____
(c) Sex (Male / Female) : _____
(d) Marital Status : _____



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7. Details of Family – Dependants only.

Sl. No.	Name	Sex	Date of Birth / Age	Relationship

8. Is wife/husband employed : **Yes / No** _____
 Name of the Organisation : _____
 Place of Posting : _____

9. a) Do you belong to SC/ST/OBC : **Yes/No** _____
 Ex-servicemen Category (please specify category and attach proof)

b) Are you Physically Handicapped : **Yes/No** _____
 (Please specify category and attach proof)

c) Do you suffer from any major ailments? : **Yes/No** _____
 (If yes, please give details)

10. Have you ever been arrested / : **Yes/No** _____
 convicted by any Court of law in India or abroad?
 If yes, please give details : _____

10(a) Were any Disciplinary Proceedings initiated / contemplated against you during or at the time of
 quitting the service. : **Yes/No** _____
 If yes, please give details : _____

11. Educational / professional Qualifications:

Sl. No.	Details of Qualification	Institution / Board / Univ.	Recognized / Affiliated	Specialization	Period		%age	Division
					From	To		



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12. Training / Other Courses attend :

Sl. No.	Name of the Course	Duration	Name of the Institution	Contents of the Course

13. Academic or professional : _____
Awards/honours/special achievements, if any

14. Membership of Professional : _____
Institution Association, if any

15. Details of Experience : _____
Total length of Service : _____

Name of the Organisation	Period of <u>Employment</u>		Position held	Nature of duties in brief	Pay Scales & Emoluments (Please give break -up)	Reasons for leaving
	From	To				



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16. Mother Tongue : _____
17. Details of language known : _____

Language other than Mother Tongue	Read	Write	Speak

18. Reference of two persons not related to you, who are well acquainted with your background / service career and character.

Sl. No.	Name	Address	Telephone No.	Occupation

19. Do you have any relative working with Pawan Hans Helicopters Limited : **Yes / No** _____

If yes please give details

Name	Location	Designation	Relationship

20. Details of Demand Draft:

Name of the Issuing Bank and Branch	Demand Draft Number and Date	Demand Draft drawn in favour of	Demand Draft payable at	Amount (Rs.)

Note: SC & ST candidates are exempted from payment of application fee.



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FOR PILOTS ONLY

21.

(a) Licences held (CHPL, ATPL(H), IR, FRTO, RTR ETC) : _____

(b) Indian CHPL/ATPL(H) No. _____ Date of Issue and Validity _____

(c) Helicopters endorsed on CHPL/ATPL(H) _____

(d) Total Flying Experience _____ Helicopters _____ Fixed Wing _____

Type of Aircraft / Helicopter	Pilot in Command		Co-Pilot		Instruction Experience	Instruction Flying Experience	
	Day (hrs)	Night (Hrs)	Day (hrs)	Night (Hrs)		Actual	Simulated

e) Last Medical – CME, AF or IAM Bangalore: _____

f) Next Medical Exam. Due : _____

g) Details of Accidents/Incidents : _____
on helicopters, if any _____



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FOR ENGINEERS / TECHNICAL PERSONNEL ONLY

22.

a) Category in which Licence held : _____

b) H/c and Engines covered by the Licence: _____

c) Validity of Licence : _____

d) Branch / Trade : _____

e) Professional Qualification : _____

f) Previous Experience (including : _____
appointments held) : _____

g) Details of Aircraft (FW & : _____
Helicopters Experience) : _____

23. Any other relevant information : _____
not covered above that you _____
wish to provide (add a separate _____
sheet, if required). _____



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DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge and belief and I fully understand that if any information given above is found false, my services are liable to be terminated at any time without any notice by the management.

Signature of the Candidate

Name (in Block Letters) : _____

Place : _____

Date : _____