



**Pawan Hans Helicopters Limited**  
(A Govt. of India Enterprise)

**APPLICATION BLANK FOR EMPLOYMENT**

1. Post Applied for : \_\_\_\_\_
2. Employment Exchange (Reg. No.): \_\_\_\_\_  
(Where applicable)

Affix recent  
passport size  
photograph

**PERSONAL – DATA**

1. Name (in Block Letters) : \_\_\_\_\_
2. Father's/Husband Name : \_\_\_\_\_  
and Occupation : \_\_\_\_\_
- (a) Mother's Name : \_\_\_\_\_
3. Address for Communication : \_\_\_\_\_  
: \_\_\_\_\_  
Contact No. : \_\_\_\_\_
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 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 Employment		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 : \_\_\_\_\_

<b>Language other than Mother Tongue</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>

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

<b>Sl. No.</b>	<b>Name</b>	<b>Address</b>	<b>Telephone No.</b>	<b>Occupation</b>

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

If yes please give details

<b>Name</b>	<b>Location</b>	<b>Designation</b>	<b>Relationship</b>



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**FOR PILOTS ONLY**

20.

(a) Licences held (CHPL, INST, RATING, FRTO, INSTRS, RATING ETC) : \_\_\_\_\_

(b) Date of Issue and Validity : \_\_\_\_\_

(c) H/c endorsed on Licence : \_\_\_\_\_

(d) Flying Experience : \_\_\_\_\_

Type of Aircraft / Helicopter	<u>Pilot in Command</u>		<u>Co-Pilot</u>		Instruction Experience	<u>Instruction Flying Experience</u>	
	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**

21.

- 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) : \_\_\_\_\_
22. Any other relevant information :  
not covered above that you  
wish to provide (add a separate  
sheet, if required). \_\_\_\_\_

**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 \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_