



**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	<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**

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 : \_\_\_\_\_