



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 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 : \_\_\_\_\_

| 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 : \_\_\_\_\_