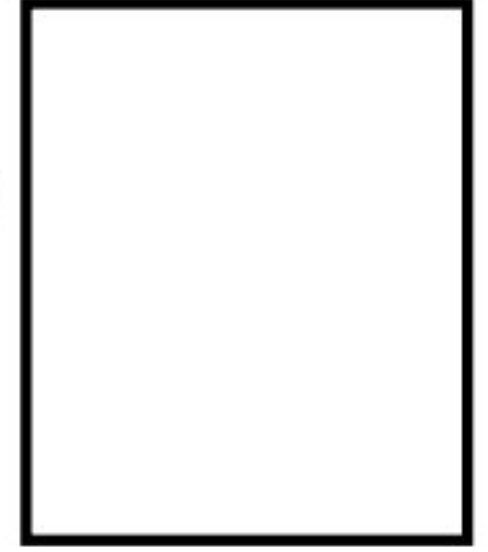


# PUNJAB STATE CIVIL AVIATION COUNCIL

Civil Aerodrome, Sangrur Road, Patiala – 147001 (Punjab)  
(Tele: - 0175 - 2970697, Email – admnpscac@gmail.com)  
(For the post of Instructor (Air Frame))



1. Name of the post applied for \_\_\_\_\_
2. Name of the applicant (in block letter) \_\_\_\_\_
3. Male/Female \_\_\_\_\_ 4. Married/Unmarried \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Mother's Name \_\_\_\_\_
6. Correspondence address  
\_\_\_\_\_  
\_\_\_\_\_
7. Permanent address  
\_\_\_\_\_  
\_\_\_\_\_
8. a) Telephone Number \_\_\_\_\_ b) Mobile Number \_\_\_\_\_  
c) Email ID \_\_\_\_\_
9. Date of Birth \_\_\_\_\_, Age as on date of advertisement \_\_\_\_\_
10. Nationality \_\_\_\_\_
11. The applicant must get a medical certificate from a doctor possessing at least an MBBS degree. Candidates shall not have any physical disabilities or colour blindness, which may interfere in discharging the duties as an Instructor.

12. **Educational Qualifications (starting from 10<sup>th</sup> onwards):**

Examination	Name of Board/University	Main Subjects	Year of passing	Total marks	Total marks obtained	% of marks


b) **Technical Qualification:**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/Institution

c) **DGCA AME Examination Passed, if applicable :**

Examination Passed	Year of Passing	BAMEL No. (If any)	Institution

d) **Aviation Experience:**

Examination Passed	Period		Institution
	From	To	

e) **Computer Literacy**

Examination Passed	Year of Passing		Class/Division	Institute Name
	From	To		



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13. **Experience:** (Please attach self attested copies of experience certificates)

Post held (Also indicate Temporary contractual/regular)	Period		Pay Scale and Salary per month (last drawn)	Name of Organisation
	From	To		

Total Experience: Years \_\_\_\_\_, Months \_\_\_\_\_

**Any other experience (If any)**

14. Any other details which strengthen your claim for appointment. (Attached separate sheet, if necessary)

15. **Referees** (They should be professionally competent persons, well acquainted with the applicant's working, capability and character, but must not be relative.)

**Name /Status/Address**

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

16. a) If employed, present designation and pay scale \_\_\_\_\_

b) Name of present employer \_\_\_\_\_

c) Have you obtained permission of your present employer? \_\_\_\_\_

d) Present or last drawn gross salary drawn \_\_\_\_\_

e) If selected, joining time needed \_\_\_\_\_

17. **Application Fee (As demand draft)**

Demand Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Bank Name \_\_\_\_\_

18. Self-evaluation of your work, particularly its strengths in different fields of activity including teaching, research, administration etc., related to the post applied for, may be given as **Annexure – I**.
19. Attach self-attested copies of certificates/degrees/experience certificate in support of age, category, qualification and experience etc. by mentioning in the list enclosed **Annexure – II**.
20. I will abide by all terms & conditions of the Council.

Date \_\_\_\_\_

\_\_\_\_\_

Signature of the candidate

Place \_\_\_\_\_

### **DECLARATION BY THE CANDIDATE**

Post applied for \_\_\_\_\_ in Punjab State Civil Aviation Council.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any misstatement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof.

Date:

Place:

Signature of the candidate



**SELF EVALUATION**

Date:

Signature of Applicant

**DETAIL OF DOCUMENTS ATTACHED ALONG WITH APPLICATION**

<b>S. No.</b>	<b>Name of document attached</b>	<b>Page No.</b>

(Signature of the Candidate)