



FORMAT OF APPLICATION-TRAINEE CABIN CREW (ON FIXED TERM ENGAGEMENT)

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1. **Region applied for**
(Please ✓ only one) NORTHERN SOUTHERN
2. **Gender (Please ✓):** MALE FEMALE
3. **MARITAL STATUS:**
(Please ✓) UNMARRIED MARRIED DIVORCEE WIDOW (ER)
4. **Category you belong to**
(Please ✓): GEN SC ST OBC

(Candidates belonging to OBC category must be in possession of Caste Certificate in the prescribed proforma issued by the appropriate authority for Central Government employment)

5. a. State of Origin: _____ b. Religion: _____
6. **Date of birth:** **DD** **MM** **YYYY**
7. **Full Name (IN CAPITAL LETTERS)** _____
8. **Address for communication :** _____

City: _____ State: _____
PIN CODE _____

9. a. **Father's Name:** _____ b. **Mother's Name:** _____
10. **PHYSICAL STANDARDS:** a) **Height:** _____ cms b) **Weight:** _____ Kgs.
c) **BMI:** _____

d) **Do you belong to North Eastern states or hilly states? (Please ✓):** YES NO
(In case of claiming relaxation in Height, please attach domicile proof)

e) **Is vision normal without glasses? (Please ✓)** YES NO

f) **Is vision corrected with contact lenses? (Please ✓)** YES NO

If yes, please indicate the power of Contact Lenses: _____
(As per Company's standards; for details please refer advertisement)
(Attach certificate from Ophthalmologist giving power of lens)

g) **Are you Colour Blind? (Please ✓)** YES NO

h) **Have you undergone Lasik Surgery for correction of eyesight? (Please ✓)** YES NO
(If YES, please attach certificate/supporting document for date of surgery)

If yes, please indicate the date of lasik surgery: _____

Please indicate the name of the MBBS Doctor & Registration Number of the Doctor who has issued Medical Certificate: Name _____, Registration No. _____

Contd./-

10. **Educational Qualifications:** a) Are you a Graduate? (Please ✓) YES NO
 If YES, month & year of passing: _____.
- b) Are you 10+2 with a 3 years Degree/Diploma holder in Hotel Mgt. & Catering Technology? (Please ✓) YES NO
 If YES, month & year of passing of Degree/Diploma: _____
- c) Are you 10+2 with ONE year experience in Passenger Interface in an Airline or Hospitality Service Industry? (Please ✓) YES NO

i) (If Yes, please give details):

Name of the Company/Airline/Hotel/ Restaurant	Designation	Period		Remarks
		From (Date)	To (Date)	

(Please do not include the training period for counting the minimum experience of One year. Copies of supportive documents required)

ii) Total Experience in Passenger Interface in an Airline or: YEARS MONTHS DAYS
 Hospitality Service Industry (As on 01.10.2014)

11. Details of Demand Draft: D. D. NO. _____ DATE OF ISSUE: _____
 (Not applicable in case of SC/ST):
 DRAWN ON: _____ BRANCH OF ISSUING BANK _____

12. a. Languages known (Please ✓): READ WRITE SPEAK

English : _____

Hindi : _____

Others (please specify) _____

b. Did you have HINDI as a subject in: (Please ✓) School Level College Level

c. Do you have proficiency/knowledge of any Foreign Language? (Please ✓) YES NO
 If Yes, please specify the Foreign Language _____

13. Contact numbers: Phone Number: STD CODE _____ NUMBER _____ Mobile _____
 E-mail ID: _____

14. Any other information: _____

I hereby declare that the above information is correct to the best of my knowledge and belief. I understand that if I have suppressed any factual information, my candidature will be rejected.

Please also attach photocopies of certificates in support of Caste, Date of Birth, Educational Qualification, Experience and ORIGINAL Medical Certificate issued by MBBS Doctor for Height, Weight, BMI & Colour Blindness and also a Certificate from Ophthalmologist for Contact lens power & lasik surgery and DEMAND DRAFT & Domicile Proof, if applicable.

Date: _____

Signature: _____