

CIVIL AVIATION AUTHORITY



PERSONAL DATA FORM

Passport

POSITION APPLIED FOR _____

PERSONAL INFORMATION

(1) Name

(2) Son of / Daughter of / Wife of

(3) Date of Birth - - (DD-MM-YYYY) (4) Gender

(5) Religion (6) Marital Status

(7) Domicile Province District

(8) CNIC - -

(9) Postal Address

 City Province

(10) Permanent Address

 City Province

(11) Phone No. (12) Mobile No. (13) E-mail

QUALIFICATION

(14) Matriculation	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>
(15) Intermediate	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>
(16) Graduation	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>
(17) Masters	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>
(18) M. Phil	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>
(19) Other	<input type="text"/>	Division / Grade	<input type="text"/>	Subject	<input type="text"/>	Year of Passing	<input type="text"/>

EXPERIENCE

Company / Description	From Date	To Date	Appointment / Job Title
Description			

Company / Description	From Date	To Date	Appointment / Job Title
Description			

Company / Description	From Date	To Date	Appointment / Job Title
Description			

(20) **CERTIFICATION / COURSES**

Description	From Date	To Date	Certificate / Course Title
Description			
Description			

DATE

SIGNATURE