

ASIAN INSTITUTE OF AVIATION

ADMISSION FORM No.

EVALUATION DATE

1 X 1	
РНОТО	

Please complete in CAPITAL LETTERS. Return to the Admissions Department upon signing.					
PREFERRED Ab Initio (PPL, CPL, IR & ME) COURSE	IR (Instrument Rating)				
PPL (Private Pilot License)	ME (Multi-Engine)				
CPL (Commercial Pilot License)	FI (Flight Instructor)				
Others (please specify)	<u>—</u>				
ACCOMMODATION (Optional) Twin Shar	ring Single Room				
STUDENT INF	ORMATION				
NAME					
NAME Last Name	First Name Middle Name				
HOME ADDRESS					
GENDER	CIVIL STATUS				
DATE OF BIRTH	PLACE OF BIRTH				
Month / Day / Year					
NATIONALITY	PASSPORT NO.				
FIRST LANGUAGE	RELIGION				
EMAIL	CONTACT NO.				
PREFERRED VIDEO MEETING APP Zoom Google Mo Others (please specify)	eet Teams Webex				
ACADEMIC RECORD					
SCHOOL NAME					
ADDRESS					
COURSE	DATE GRADUATED				
WORKERSON					
WORK RECORD	((if applicable)				
COMPANY NAME					
ADDRESS					
POSITION	DATE EMPLOYED				

PARENT / GUARDIAN INFORMATION

FATHER'S FULL NA	ME			
	Last Name	First Name	Middle Name	
HOME ADDRESS				
OCCUPATION	NATIONALITY	γ	CIVIL STATUS	
PHONE (WORK)		EMAIL (WORK)		
PHONE (HOME)		EMAIL (PERSONAL)		
MOBILE		FAX		
MOTHER'S FULL NA	AME			
	Last Name	First Name	Middle Name	
HOME ADDRESS				
OCCUPATION	NATIONALITY	Υ	CIVIL STATUS	
PHONE (WORK)		EMAIL (WORK)		
PHONE (HOME)		EMAIL (PERSONAL)		
MOBILE		FAX		
	SIGNATURE OVER PRINTED N	NAME DAT	E SIGNED	
	FOR THE USE O	OF ADMIN DEPARTMENT		
	The above particulars of the applicant a	re certified to be correct and it is fu	ırther certified	
	that the program course of	is approved by the sig	is approved by the signatories below.	
	АР	PPROVED BY		
_	Accountable Manager	Finance	Director	
	Accountable manager	infance	Director	
	PROCE	ESSED BY / DATE		