

Alliance Air
(A wholly owned subsidiary of Air India Limited)

FORMAT OF APPLICATION

Eligibility Criteria as on the Date of application

POST APPLIED FOR ATR RATED FIRST OFFICER/ SR. FIRST OFFICER:

POST APPLIED FOR SPECIFY: _____

ATR Endorsement Details _____

Date of ATR Endorsement _____

CPL /ATPL No. _____

Date of Expiry of the ATR Endorsement _____

I. a/ Name: _____
b/ Father's Name: _____
c/ Address: _____

Pin Code _____

d/ Contact Details:

i) Telephone Nos.: _____

ii) Mobile No.: _____

iii) E-mail id: _____

e/ Date of Birth: _____

f/ Age (As on the date of application) _____ (Years) _____ (Months) _____ (Days)

g/ Nationality: _____

h/ Religion: _____

II. Category you belong to: GEN SC ST OBC EWS
(Please ✓)

(In case of OBC, candidates would be required to produce OBC certificate in the prescribed proforma issued by the appropriate authority for Central Government employment)

III. Bank Draft No. & Date: _____ Drawn on: _____
(Not applicable in case of ST /SC Candidates)

IV. Please give name & address of the Institute from where you have obtained ATPL/CPL:

Paste a recent
Passport size
photograph

(Please do not
staple)

V. Educational Qualifications: (10+2 and onwards)

Exam. Passed	University/ Board	Year of Passing	Subjects	% age of Marks

VI. Have you ever been employed?
(Please ✓. If yes, give details):

YES NO

Organization	Designation	Period		Salary Drawn	Reasons for leaving
		From	To		

VII. Technical Qualifications:

Indian License details (For the post of First Officer/ Sr. First Officer):

License Category	Number	Date of Issue	Validity		Remarks
			From	To	
CPL					
ATPL					
FRTO					
COP/RTR					
IR ON ATR					
ATR Endorsement					
Any other Endorsement					

VIII. CLASS-I MEDICAL STATUS (For the post of First officer/ Sr. First Officer):

LAST MEDICAL DONE ON	MEDICAL VALIDITY UPTO	MEDICAL STATUS FIT/UNFIT

IX. ENGLISH LANGUAGE PROFICIENCY (ELP):

ELP LEVEL	ELP DONE ON	ELP VALID TILL

X. HOURS FLOWN (For the post of First officer/ Sr. First Officer):

Type of A/C	Command	First Officer or Dual	Total	Remarks
1. <u>SINGLE ENGINE</u>				
2. <u>MULTI ENGINE</u> - ATR Aircraft - Any other Aircraft (Please specify the aircraft)				
Total				
Grand Total (Single Engine + Multi Engine)				

Remarks, if any
(Please attach copy of the endorsement certificate issued by DGCA)

XI. Did you have any flying incident/accident?
(Please ✓. If yes, when and brief details thereof
Including punishment/warning awarded (if any) YES NO

XII. DGCA Computer No.: _____

XIII. Passport Details

Number: _____

Date of Issue: _____

Date of Expiry: _____

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.

Date:

SIGNATURE OF CANDIDATE

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS/ ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Smt / Kum _____ Daughter of Shri / Smt. _____ of Village / Town _____ District / Division _____ State, _____ belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 8/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Smt / Kum. _____ and / or her family ordinarily reside(s) in the _____ District / Division of _____ State. This is also to certify that she does not belong to the persons / sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.13/15

District Magistrate / Deputy Commissioner, etc.
Seal

Dated : _____

NOTE:

- a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

- b) The authorities competent to issue Caste Certificates are indicated below:
- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar and
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
 - (v) Caste Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government.

Government of
(Name & Address of the authority issuing the certificate)

Annexure-I

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

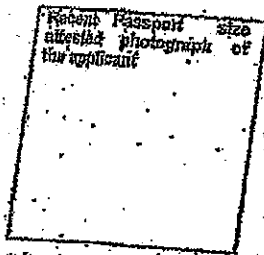
VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumar _____ son/daughter/wife of _____ permanent resident of _____ Villages/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attached below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumar _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____



*Note: Income declared shall include income from salary, agriculture, business, profession, etc.
**Note 2: The term "Family" for this purpose includes the person, who is dependent on or under the care of his/her parents and children below the age of 18 years.
***Note 3: The property held by a "Family" in different locations or different municipalities have been clubbed while applying the limit as property holding to determine EWS status.