

		CIVIL AVIATION AUTHORITY BIO DATA FORM			CAAF-001-HRRS-1.0			
<i>Human Resource (R & S Branch)</i>								
COMPUTER NUMBER (FOR OFFICIAL USE ONLY)								
ADVERTISEMENT NO. & S. NO.				POST APPLIED FOR				
NAME		SEX		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
FATHER'S NAME			NATIONALITY					
DATE OF BIRTH		RELIGION		DOMICILE		DISTRICT		
QUALIFICATION		DIVISION / GRADE		SUBJECT				
HIGHER QUALIFICATION		DIVISION / GRADE		SUBJECT				
COURSE		CPL LICENSE / FLYING HOURS			TYPING SPEED			
		<input type="checkbox"/> YES <input type="checkbox"/> NO / HOURS ()						
EXPERIENCE								
HAVE VALID DRIVING LICENSE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE	<input type="checkbox"/> LTV <input type="checkbox"/> HTV		HEIGHT	
POSTAL ADDRESS								
TELEPHONE # (RESIDENCE)		MOBILE #		TELEPHONE # (OFFICE)				
CNIC NO.		CHOICE OF TEST CENTRE						
ONLINE DEPOSIT RECEIPT NO.			DATE OF RECEIPT					
FOR ARMED FORCES PERSONNEL / GOVERNMENT SERVANTS ONLY								
ARMED FORCES				YEARS				
GOVERNMENT SERVICE				YEARS				
<hr/> DATE				<hr/> SIGNATURE				

Note: If a section is not applicable, write in 'N/A'