



QUALIFYING EXAMINATION FOR AIRPORT JOB & FREE TRAINING

Candidate Name: _____

Father's Name: _____ EmailID _____

Date of Birth _____ Marital Status(Single/Married) _____

Gender(M/F) _____ emergency Contact no _____

Preferred Job Location: _1. _____ 2. _____ 3. _____

Willing to work rotational **shift Y/N** _____ District _____ State _____

Whats app no: _____ MobileNo: _____

Guardian Mob No: _____

Applying For: _1Airport Ground staff _____ 2.Airport retail _____ 3.Airport Hospitality _____

ADHAR NO: _____ PASSPORT NO: _____

Educational Qualification:

| Examination(10 th /12 th /Graduation) | Board /University Name | Year of passing | Percentage/Grade |
|---|------------------------|-----------------|------------------|
| 10 th | | | |
| 12 th | | | |
| Graduation | | | |
| Others | | | |

I _____ hereby declared that information & documents which I am giving is correct from my knowledge.

DATE

Location

Authorized Signatory

Signature of the applicant



EXAMINATION FEES: 255/- ONLY