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| **ATILIM UNIVERSITY ATO HANDBOOK COURSE APPLICATION FORM** | TM-FR.11 | |
| **REV.** | 00 |
| **DATE** | 03.01.2018 |

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| To the Directorate of ATILIM ATO,  I would like to participate in ............................................ course and be awarded the Certificate of Completion. Submitted for necessary action.  Seal / Signature ...../..../20… | | | | |
| **IDENTITY INFORMATION** | | | | |
| Course  Trainee | Name/Surname: | | | |
| Father’s Name: | | Place of Birth: | |
| Mother’s Name: | | Date of Birth (dd,mm,yyyy) | |
| **PLACE OF REGISTRY** | | | |
| Province: | District: | | Sub-district: |
| Village-Neigh.: | Volume No: | | Page No: |
| Registry No: | Date of Issue: | | Issuing Authority: |
| Educational Background: | | | |
| Residence Address and Phone: | | Work Address and Phone: | |
| **AIVATION LICENSE INFORMATION (IF AVAILABLE)** | | | |
| License/Certificate No: | | Date of Issue: | |
| Valid Until: | | Registered Types: | |
| Total Flight: | | Note: | |
|  | BELOW GIVEN SECTION WILL BE FILLED OUT BY THE COURSE.  This application form has been filled out by ....................................... before me and the information provided has been verified.  Register No: Authorized Person - Seal/Signature | | | |

TM-FR.11 Rev.00 COURSE APPLICATION FORM

