



**ENROLMENT FORM**

(\* Mandatory Fields)

**APPLICANT'S COURSE PREFERENCE**

Interested Course: * <i>(Tick One)</i>	<input type="checkbox"/> Private Pilot License (PPL)
	<input type="checkbox"/> Commercial Pilot License (CPL)
	<input type="checkbox"/> Instrument Rating (IR)
	<input type="checkbox"/> Multi Engine Rating (MER)
	<input type="checkbox"/> Flight Instructor Rating (FI)
	<input type="checkbox"/> Hour Building Course (HB)
Preferred Date of Commencement: *	Day_____ Month_____ Year_____

**APPLICANT'S PERSONAL DETAILS**

First Name: *	
Last Name: *	
Gender: * <i>(Tick One)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: *	_____ Years    _____ Months
Date of Birth: *	Day_____ Month_____ Year_____
Passport (PP) / ID Number (ID): *	PP_____ ID_____
Nationality: *	

**APPLICANT'S CONTACT DETAILS**

Registered Address: *	
Mailing Address: *	
Work Telephone:	
Home Telephone:	
Fax Number:	
Mobile Number: *	
Email: *	

**EDUCATIONAL QUALIFICATIONS**

School / College *	
Tertiary	
University	
Professional	
Medium of Education (Language) *	

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(\* Mandatory Fields)

**PREVIOUS FLYING EXPERIENCE**

License in Hand <i>(Tick One)</i>	<input type="checkbox"/> None <input type="checkbox"/> Student Pilot License (SPL) <input type="checkbox"/> Private Pilot License (PPL) <input type="checkbox"/> Commercial Pilot License (CPL)		
If License in hand is License Current <i>(Tick One)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If License in hand State Issuing Authority			
If License in hand Type Ratings Endorsed			
If previously Flown -	DAY	NIGHT	TOTAL
Single Engine Hours Flown	Dual		
	Solo		
Multi Engine Hours Flown	Dual		
	Solo		
Date Last Flown	Day_____ Month_____ Year_____		

**CONSENT & FUNDING**

If Under 21 Years of Age Consent by <i>(Tick One)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Course Funded by <i>(Tick One)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Third Party
If Funded by a Third Party, State Relationship	

**APPLICANT'S NEXT OF KIN**

Contact Person: *	
Relationship *	
Work Telephone:	
Home Telephone:	
Mobile Number: *	
Email: *	

I have read and understood the prospectus and agree to abide with the contents therein, and I hereby apply for enrolment to the Asian Academy of Aeronautics (Pvt) Ltd, Gan International Airport, Gan Island, Republic of Maldives. (AAA).

I understand that this application will be processed subject to AAA and Maldivian Civil Aviation Department regulations.

On acceptance of my enrolment I agree to pay AAA a non-refundable fee of United States Dollars Two Hundred and Fifty (US\$ 250/-) to secure my booking.

Date ..... Signature.....