ACADEMY OF AVIATION EXCELLENCE

# INTERMEDIATE APPLICATION FORM YEAR 2026-27

A PROJECT OF Star Air AVIATION

## CANDIDATE INFORMATION:

| | | | |
|---|---|---|---|
| Name(Full Block Letters) | | | |
| Father Name | | | |
| Gender | ☐ Male ☐ Female | Status | ☐ Employed ☐ Un-employed |
| City | | CNIC | - - |
| Domicile | | Email | |
| Date of Birth | D D - M M - Y Y Y Y | Age | |
| Mobile No. | 0 3 - | Phone No. | |
| Address | | | |
| Vaccination Status | ☐ Fully Vaccinated ☐ Single dose ☐ Not Vaccinated | | |

## EDUCATION DETAILS:

| Latest Qualification | Group / Field / Major |
|---|---|
| 1. Masters / Post graduation | |
| 2. Bachelor graduation | |
| 3. Intermediate | |
| 4. Matriculation | |

## UNDERTAKING:

I solemnly state that the information given on this form is true & correct. In addition, that currently i am not emplyed anywhere. I understand and acccept that any information concealed or incorrectly given will disqualify me from the training and its benefits. I also understand that my registration will be subject to verification of provided information/documentation from training institute.

| | | |
|---|---|---|
| Date | D D - M M - Y Y Y Y | Signature of candidate: _____ |

Please submit this application form at AAE City Campus located at Main SMCHS Society Block A plot 145 Opp Eaton. For Further queries and information call us at 03098882925, Website: www.academyofaviationexcellence.com, This form can be couriered to our Head office at General Aviation Area Jinnah International Airport, Opp Isphani Hangar. Kindly take receipt of form submission fee which would be shown at the time of Final Screening.

**PKR 2500/-** submission fee for the application form