

### **Application Form**

#### Candidate

Course Applied for (Tick Next to the Box)	PPL	CPL	IATPL
Surname:			
First names:			
Date of Birth (dd/mm/yyyy):	//		
Nationality:			
Passport no:			
MRU ID no:			
Height (cm):			
Weight (kg):			
Sex (Tick Next to the Box)	Male	Female	
Postal address:			
City/ Postcode/ District			
Physical address:			
City/ Postcode/ District			
Phone – Office:			Phone – Home:
Phone – Mobile:			
E-mail:			



### **Application Form**

Medical Details							
Medical Cover Scheme:							
Blood Group:							
Allergies:							
Dietary Requirements (Tick Next to the Box)	None	Halal	Vegetarian				
Clothing Size (Tick Next to the Box)	Small	Medium	Large	Extra Large			
Next of	Kin (Parent	or Guard	lian if ap	plicant is unde	er 21 years o	ld)	
				of medical emerge			
				_			
Name / Relationship:							
Postal Address:							
City/ Postcode/ District:							
Phone – Office:			Phone	– Home:			
Phone – Mobile:							
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## **Application Form**

		Flight	Experien	ice				
Total Flight Hours:								
Total Solo Hours:								
Solo Cross Country Hours:								
Instrument Hours:								
License (State of issue) and ratir	ngs:							
License valid until:								
Class 1 Medical valid until:								
ICAO English Proficiency level:								
Swimming Ability (Tick Next to the Box)	YES	NO						
Academic Educa	ition - (Ph	ysics and	Mathema	atics Adv	vanced	Level Ma	andatory	)
Secondary School attended:								
Academic Qualifications (Advance	ced Level) /ç	grades obtai	ned:					
Tertiary Education Qualifications	s (if any):							
Professional Qualifications (if an								
r rorossional Qualifications (il ari	y)							
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How did you learn of AMI?								



#### **Application Form**

**Sponsor** 

# (the person who will pay for the training and receive the Student Reports) Name / Company: Postal Address: City/ Postcode/ District: Phone – Office: Phone – Mobile: Fax: E-mail:

#### Agreement

Air Mauritius Institute Flying Academy will use your personal data solely for the processing of your application and will not share any data with other third parties.

Applicant	Signature:	Date:	
Sponsor*	Signature:	Date:	
Parent or Guardian #	Signature:	Date:	

\*if applicant is not self-sponsored #if applicant is under 21 years old

You may send your application either by email at contact@amiflyingacademy.com or by registered post to the following address:

AMI Flying Academy 11th Floor, Wing A, Atal Bihari Vajpayee Tower, Ebene, Mauritius