

		CIVIL AVIATION AUTHORITY BIO DATA FORM		CAAF-001-HRRS- 1.0	
		(Human Resource Dte/R&S Branch/HQCAA)			
COMPUTER NUMBER (FOR OFFICIAL USE ONLY)					
ADVERTISEMENT NO. & S. NO.			POST APPLIED FOR		
NAME			SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FATHER'S NAME			NATIONALITY		
DATE OF BIRTH	RELIGION	DOMICILE		DISTRICT	
QUALIFICATION		DIVISION / GRADE		SUBJECT	
HIGHER QUALIFICATION		DIVISION / GRADE		SUBJECT	
COURSE	CPL LICENSE / FLYING HOURS			TYPING SPEED	
	<input type="checkbox"/> YES <input type="checkbox"/> NO / HOURS ()				
EXPERIENCE					
POSTAL ADDRESS					
TELEPHONE # (RESIDENCE)		MOBILE #		TELEPHONE # (OFFICE)	
CNIC NO.			CHOICE OF TEST CENTRE		
BANK DRAFT / PAY ORDER NO. / DATE			BANK'S NAME		
FOR ARMED FORCES PERSONNEL / GOVERNMENT SERVANTS ONLY					
ARMED FORCES				YEARS	
GOVERNMENT SERVICE				YEARS	
<div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DATE</div> <div>SIGNATURE</div> </div>					