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| **COURSE DETAILS** |  | | | **APPLICATION ID** | |  | | |
| COURSE NAME |  | | | | | | | |
| COURSE DATE |  | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | |
| FIRST NAME | {{first\_name}} | | | | | *PASSPORT SIZE PHOTO* | | |
| LAST NAME | {{last\_name}} | | | | |
| ADDRESS (PRIVATE) |  | | | | |
| ADDRESS (OFFICE) |  | | | | |
| DATE OF BIRTH |  | | | | | GENDER | {{\_gender}} | |
| TEL. No (RESI) |  | | | TEL. No (OFFICE) | |  | | |
| EMAIL ADDRESS |  | | | | | | | |
| JOB TITLE (IF EMPLOYED) |  | | | LENGTH OF EMPLOYMENT | |  | | |
| EMPLOYER | |  | | | | | | |
| NAME AND ADDRESS OF  NEXT OF KIN | |  | | | | | | |
| RELATIONSHIP |  | | | CONTACT No | |  | | |
| NATIONALITY |  | | | | | | | |
| **ACADEMIC QUALIFICATIONS** | | | | | | | | |
| **QUALIFICATION** | | | **INSTITUTE** | | **YEAR** | | | |
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| **PROFESSIONAL QUALIFICATIONS** | | | | | | | | |
| **QUALIFICATION** | | | **INSTITUTE** | | **YEAR** | | | |
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| DECLARATION*The following are submitted with this application. Please tick Item* | | | | | | | | |
| Copy of the UID / Passport with visa copy for international registration | | | | | | | |  |
| Copy of the educational/professional certificates | | | | | | | |  |
| Two passport size photographs | | | | | | | |  |

# *I hereby certify that the particulars furnished by me in this application are true and correct. In the event of my application being accepted, I shall abide by all the regulations applicable to the students of Fujairah Air Navigation Services Training Center.*

# *I understand that I may be dismissed from the course for not paying the course fee as stated in the fee schedule. I agree and accept that if any of the information given by me in this registration form is in any way false or incorrect, the Training Center shall have the right to cancel my application form or registration, without notice to me, and the Training Center will be fully indemnified from any loss or damage arising from such cancellation.*

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| DATE: | Signature: | |
| **For Office Use**  ***Fujairah Air Navigation Services Training Centre hereby accepts the application for enrolment of Mr. /Ms.:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,*  ***For Course – (****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****).***  **Date of enrolment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **Head of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |