

## Annexure-I

## AIRPORTS AUTHORITY OF INDIA

1. Post	applied for: Opera	ation Manag	er/No	dal off	icer								
2. a) Name:										Pas	st here	recent	
										pas	sport	sport size	
										_	otograph		
											olicant		
Pin Co	ode												
	tact Details:												
6. Tele	phone Nos.:												
7. Mol	oile No.:												
8. E-m	ail Id:							_					
9. Date	e of Birth:												
	e (as on 11.02.2025							_					
_	(Years)		Mont	the)	(	Dove)							
	(Tears) tionality:												
11. Na	попанту:												
12. Ed	ucational Qualifica	ations: (10+	2 onv	vards)									
S.N.	Exam.		Jniversity/Board			<sup>2</sup> Passi	ing		ubjects		% of Mar	Marks	
	Passed					8			<b>.</b>				
								<u> </u>					
10 T	1 1 10 100 11												
	chnical Qualifications:									<b></b>	,	_	
S.N.	Exam Passed		Board/University				Year of			1 0			
						pass				of marks			
	•												
14.Lic	ense Details:												
S.N.	License	Nu	mber	Date	of Issue	Valid	dity			Rem	ark		
	Category												
						Fron	1		To				
						<u> </u>		_					
				-				$\dashv$					
15 E	nomionas												
	perience:   Department   Post held						nrof	:16				7	
S.N.	Department	Pos	rost neia				Job profile						



## 16. Any other Information:

## 17. Declaration

I hereby declare that the above information is correct to the best of my knowledge and belief. I understand that if I have suppressed any factual information, my candidature will be rejected.

Date: SIGNATURE OF THE APPLICANT