



ROYHLE

FLIGHT TRAINING ACADEMY



REGISTRATION FORM

➤ **PERSONAL INFORMATION**

FULL NAME: _____

FIRST NAME

MIDDLE NAME

LAST NAME

PERMANENT ADDRESS:.....

.....

.....

TELEPHONE NUMBER:.....MOBILE NUMBER.....

Email address..... SEX:..... MARITAL STATUS.....

➤ **PHYSICAL RECORD**

AGE:.....

DATE OF BIRTH:

PLACE OF BIRTH:..... CONDITION OF HEALTH:

➤ **PASSPORT INFORMATION**

Date Intended in Joining ROYHLE:

PASSPORT NUMBER : MONTH YEAR:2014

PASSPORT EXPIRY DATE : MONTH YEAR:2015

COURSE	PPL	CPL	IR	MEL	FI	TIME BULIDING
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SOURCE FOR PAYING THE FEES:

SELF-SPONSORED	GOVERNMENT SPONSORED	PRIVATE NGO SPONSORED
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Signature : **Date:** **Place :**

