



ON JOB TRAINING ENROLLMENT / REGISTRATION FORM

Reference No:	Enrollment Date			Training Batch No	
OJT2026 /				FAOJT2026	

1. PERSONAL DETAILS

Full Name: _____

Date of Birth: _____

NIC / Passport No.: _____

Nationality: _____

Residential Address: _____

Contact Number: _____

WhatsApp Number: _____

Email Address: _____

2. EDUCATIONAL / TECHNICAL BACKGROUND

Highest Educational Qualification: _____

Technical Qualification (if any):

Current Employment / Institute: _____

Position / Course Following: _____

Years of Experience (if applicable): _____



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3. OJT PROGRAM DETAILS

Type of Enrollment:

- Individual
- Group Enrollment
- Institute Sponsored

Notice Period Required (if employed): _____

Selected Package:

- Standard Package
- Professional Package
- Premium Package

Preferred Training Period: _____

Preferred Start Date: _____

Modules / Areas of Interest: _____

4. EMERGENCY CONTACT DETAILS

Name: _____

Relationship: _____

Contact Number: _____

5. MEDICAL & SAFETY DECLARATION

Do you have any medical condition that may affect practical aircraft maintenance training?

- Yes
- No

If yes, please specify:



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6. PAYMENT DETAILS

Payment Method:

- Bank Transfer
 - Cash Deposit
 - Online Transfer
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7. TERMS & CONDITIONS

1. Enrollment confirmation will be subject to successful interview and document verification.
 2. All trainees are required to comply with Fits Engineering safety procedures, operational requirements, and company regulations.
 3. Training fees paid are non-refundable once enrollment is confirmed.
 4. Trainees must maintain discipline and professional conduct within the operational environment.
 5. Fits Engineering reserves the right to suspend or terminate training for non-compliance with safety or operational procedures.
 6. OJT schedules may be adjusted based on aircraft operational requirements.
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8. APPLICANT DECLARATION

I hereby confirm that the information provided in this form is true and accurate to the best of my knowledge. I agree to comply with Fits Engineering safety procedures, operational regulations, and training requirements during the OJT program.

Applicant Signature: _____

Date: _____

Fill and send to > ojt@fitsair.com



ON JOB TRAINING ENROLLMENT / REGISTRATION FORM

FOR OFFICE USE ONLY

Registration No.: _____

Documents Submitted:

- NIC / Passport Copy
- Educational Certificates
- Resume
- Photograph
- Payment Receipt

Reviewed By: _____

Approved By: _____

Remarks: _____
