



**REQUEST FOR APPOINTMENT – CLASS 1 MEDICAL EXAMINATION
FOR INITIAL ISSUE OF COMMERCIAL PILOT LICENSE**

Date:

To
The Co-ordinator
DGCA Class I Pilot Medical Checkup
The Apollo Heart Centre (Annexe of Apollo Hospitals)
156, Greams Road, Chennai – 600006.
Tamil Nadu, India.

Fax No. : 91-44-2829 4455

SUB: Request for appointment for Class I Medical examination for Pilot License
REF: DGCA File No: _____

Dear Sir/Madam,

This is to request you to kindly fix up an appointment for me to undergo Class I Medical examination for pilots that is mandatory for Class I fitness.

Please find the following details:-

<u>DGCA File No.</u>	<u>Name of the Candidate</u> <small>*name you prefer to be mentioned in official document)</small>	<u>Date of Birth & Age</u>	<u>Date & Place of Class II medical</u>	<u>Preferred Date of Appointment</u>

Address _____

Phone Nos: Mobile _____

Landline _____

E Mail ID _____

Fax No. -----

Thanking you,

Sincerely,

(Signature)

Name of the candidate

** If others, please specify the details*

If direct Mailer/courier-Self addressed envelope to be enclosed – Mode of Appointment confirmation –Email/Fax/Direct Mailer/Courier
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