

ENQUIRY FORM

THE DELHI FLYING CLUB

BASIC INFORMATION

Full Name: _____

Father's name: _____ Mother's name: _____

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

Educational qualification: _____ Male

Date of Birth: _____ Age: _____ Female

COURSE OPTIONS

Please select the course of your choice

Cabin crew (intensive) Cabin crew (extensive)

Pilot training (ground classes) Pilot training (ground classes & flying)

Ground staff

ANY OTHER INFORMATION

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