



**PAKISTAN
CIVIL AVIATION AUTHORITY
PERSONNEL LICENSING OFFICE
TRAINING SUMMARY OF CABIN CREW**

CAAF-153-LCXX-3.0

<input type="checkbox"/> Initial Training	<input type="checkbox"/> Recurrent Training	<input type="checkbox"/> Requalification	<input type="checkbox"/> Endorsement	<input type="checkbox"/>	Ref: <input style="width:100%;" type="text"/>
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Name (Block Letters)		Father's Name	
a) Address			Email
			Telephone No
<input type="checkbox"/> Male	Staff No.	Employer's Name	
<input type="checkbox"/> Female			

Fill only Applicable Columns			
S.No	Activity	Details	Monitored by CAA / DCCC / GIC (if applicable)
a.	Class Room Training	From _____ To _____	
b.	Fire Drill	Date _____ Location _____	
c.	Wet Drill	Date _____ Location _____	
d.	Evacuation Drill	Aircraft Type _____ Date _____	
		Aircraft Type _____ Date _____	
		Aircraft Type _____ Date _____	
e.	Under Supervision Flight/s Details at The time of Initial Issue required or if required	Date _____ Flight _____ Sector _____	
		Date _____ Flight _____ Sector _____	
		Date _____ Flight _____ Sector _____	
f.	In-flight Proficiency Check/Recency Check	Date _____ Flight _____ Sector _____	
g.	Cabin-1 SEP	Date _____ SEP _____ Pass Mark _____	
	Cabin-2 Type Specific	Date _____ A/c Type _____ Pass Mark _____	
		Date _____ A/c Type _____ Pass Mark _____	
	Final Exam	Date _____ Pass Mark _____	

h. Remarks			
Date _____	Name (Authorized Person) _____	Approval No _____	Signature _____