APR-AVIATION TRAINING CENTRE

Certificate of Approval: ATO/2012/02; Certificate of Authorisation: ATO.003

APPLICATION LEAVE OF ABSENCE FOR ON-JOB-TRAINING (OJT)

[FORM: APR-ATC/PD/AOJT-001]

	PLICANT DETAILS (TO BE (COMPLETED BY THE TRAINED
NAME	: AHMAN AIDEE	AFNAM BIN CHE AZMI
ватсн	: <u>46</u>	NRIC NO : 931112-03-5735
PROGRAM	BI-3	CONTACT NO : 018-2457747
PART B : OJT DETAILS (TO BE COMPLETED BY THE TRAINEE)		
COMPANY	GALAXY AEROSPA	ICE M SON BHD
DEPARTMENT		SUPERVISOR : MP AKMAL
		CONTACT NO : 012-480 4471
EMAIL		CONTACT NO : Otto 103
PART C : LEAVE DETAILS (TO BE COMPLETED BY THE TRAINEE)		
LEAVE FOR : □ EXAMINATION Ø ASSESSMENT □ MEDICAL		
(Please tick)	□ EMERGENCY □ OTH	IERS
	IF OTHERS PLEASE SPECIA	FY: BI-3 AIRFRAME ASSESSMENT
DATE	: 15 OKTOBER 2	018 NO. OF DAYS : 1
[Trainees are required to provide supporting documents as applicable] All cases need relevant supporting documents.		
All cases fleed fe	evant supporting documents.	
PART D : SU	PERVISOR RECOMMENDA	ATION PART E : APPLICANT DECLARATION (TO BE COMPLETED BY THE TRAINEE)
Control Control State Control (State		
I the undersian	ed below recommend that the and	olication I wish to apply for leave of absence from OJT as per
	ed below recommend that the app	I wish to apply for leave of absence from OJT as per indicated above, and confirmed that the information
I, the undersigned to be:-	ed below recommend that the app	
		indicated above, and confirmed that the information
to be:-		indicated above, and confirmed that the information contained in this form and the accompanying documents
to be:-		indicated above, and confirmed that the information contained in this form and the accompanying documents
to be:-	EJECTED	indicated above, and confirmed that the information contained in this form and the accompanying documents
to be:-	12 /11/2018	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application.
to be:-	EJECTED	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application.
to be:-	SJECTED 12 /11/2018 Officer's Signature & Date	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application.
to be:- APPROVED / RI Recommending APR-ATC US	SJECTED 12 /11/2018 Officer's Signature & Date	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application. 10 /10 /2018 Trainee Signature & Date
APPROVED / RI Recommending APR-ATC US Program Depart	La lu laoig Officer's Signature & Date	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application. 10 /10 /2018 Trainee Signature & Date
APPROVED / RI Recommending APR-ATC US Program Depart	Officer's Signature & Date E ONLY ment shall verify all documents; and the application to be:-	indicated above, and confirmed that the information contained in this form and the accompanying documents are correct and true at the time of this application. 10 /10 /2018 Trainee Signature & Date