

**DIRECTORATE OF AVIATION
GOVERNMENT OF MAHARASHTRA
HANGAR NO.6, JUHU AERODROME,
MUMBAI 400056.**

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APPOINTMENT OF PILOT & CO-PILOT

1. The Government of Maharashtra owns and operates a Sikorsky S76 C++ Helicopter and a Citation CE560 XLS Jet Aircraft. Applications are invited from Indian Citizens for appointment as Pilot for Aeroplane and Co-pilot for the Helicopter. The number of vacancies is 1 (one) for the Aeroplane and 1 (one) for Helicopter.

2. Qualifications:

- a) For Pilot on Aeroplane
 - i) The applicant must hold Current Indian ATPL .
 - ii) Total flying experience of 3000 hrs including 2000 hrs as PIC.
 - iii) Should hold at least one PIC endorsement on a civil multi engine aircraft
 - iv) Age not more than 45 years as on 01 January 2014.

- b) For Co-Pilot on Helicopter.
 - i) The applicant must hold Current Indian CHPL.
 - ii) Age not more than 35 years as on 01 January 2014.

- c) In addition to the above mentioned qualifications the applicants for both posts must possess the following :
 - i) Current Indian Class I Medical
 - ii) Minimum English Language Proficiency level 4 (Four).
 - iii) No Pilot Error, Incident /Accident history during the past five years.

- d) The applicants for both posts holding the following may be given due preference:
 - i) Type rating on Government held Aircraft/Helicopter.
 - ii) 500 hrs experience on multi engine Civil Jet Aeroplane.
 - iii) Twin Engine Helicopter rating.
 - iv) Graduate in any discipline.

3. Terms and Conditions:

a) The selected candidates would be on probation for a period of 02(two) years. In addition to the selected candidates one standby candidate will be selected for Aeroplane and Helicopter respectively.

(b) The applicants working in Central/State Government or Public Sector Undertaking should apply through proper channel. Applicants working with private companies should submit a No Objection Certificate from their current employers along with the application.

c) The emoluments and perks would be as follows:

For Pilot on Aeroplane:

Consolidated Monthly Salary of Rs 1.5 lakhs +5% annual increment.

For Co-pilot on Helicopter:

Consolidated monthly salary of 1.25 lakhs +5% annual increment.

Common perks to both categories:

Vehicle for official work.

Telephone allowance.

Leave as per Maharashtra Civil Service (leave) Rules.

TA/DA as per State Government Regulations.

Insurance for loss of license and life.

Reimbursements for license renewals and DGCA flying tests.

LTC as per All India Service Cadre Rules.

4. The prescribed application form can be downloaded from the website : <https://www.maharashtra.gov.in> / or can be had from the office address mentioned above. Each applicant, shall, alongwith his application submit a Demand Draft/ Bank Pay Order of Rs.500/- (Rupees Five Hundred only) drawn in favour of "Deputy Director, Directorate of Aviation, Mumbai" payable at Mumbai.

5. Last Date for submission of applications : The last date for submission of applications is 31st May, 2014 during office hours upto 1730 hrs. Applications received after the closing date will not be considered.

6. Screening of shortlisted candidates will be carried out prior to the interview. The Government of Maharashtra reserves its right to base the pilots at any location within Maharashtra and use them on any of the aircraft/helicopter belonging to the State. The Government of Maharashtra also reserves its right to reject any/all applications without assigning any reason.

DA/Adm/603/2014
Date : 30th April, 2014

Sd/-
(Capt Sanjay Karve)
Director,
Directorate of Aviation,
Government of Maharashtra.

**APPLICATION FOR THE POST OF
PILOT – AEROPLANE / CO-PILOT HELICOPTER**

Paste passport size photo with signature across it.

1. NAME: _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2. FATHER'S NAME: _____
/HUSBAND'S (SURNAME) (FIRST NAME) (MIDDLE NAME)

3. DATE OF BIRTH: ____/____/____ AGE : _____ YEARS.
(DD MM YYYY) (As on 01/01/2014)

4. MARITAL STATUS: _____ GENDER : _____

5. PASSPORT NO: _____ VALID TILL _____

6. CONTACT DETAILS :

MOBILE NO: _____ RESI: _____

EMAIL ADDRESS : _____.

7. CORRESPONDENCE ADDRESS:

_____.

PERMANENT ADDRESS:

_____.

8. QUALIFICATIONS:

EDUCATION : _____.

LICENCE DETAILS:

LICENCE	NUMBER	DATE OF ISSUE	VALID TILL	REMARKS IF ANY
ATPL/CPL /CHPL				
FRTOL				
RTR (A)				
MEDICAL CLASS I				
English Lan. Prof				

	HOURS FLOWN		TYPE OF AIRCRAFT
	P1	P2	
1			
2			
3			
4			
5			
			Total flying hours

NAME & ADDRESS OF FLYING TRAINING INSTITUTE

_____.

PROFESSIONAL EXPERIENCE (IF ANY):

9. TWO REFERENCES: (With Name, Address and Contact No.)

1. _____ 2 _____

10. PAYMENT DETAILS: DD/PO NO: _____ DATED: _____

DRAWN ON BANK: _____ BRANCH: _____

11. LIST OF ENCLOSURES:

- a
- b
- c
- d
- e
- f
- g

Date :

(SIGNATURE OF APPLICANT)