

The Director of Operations,
Directorate of Training & Licensing,
Directorate General of Civil Aviation,
Technical Center,
Opposite Safdarjung Airport,
Aurobindo Marg,
New Delhi – 110 003

Telefax : 91-011-4636291

e-mail : medical1@dgca.delhi.nic.in

Subject: Request for forwarding of PMR to Medical Examination Center.

Name of Licence holder :
Postal Address :
(Tele.No. Fax, e-mail etc)

Details of Licence :
(Type of Licence & No.)

DGCA's File No. :
(As given in Medical Assessment Form)

Date of previous medical exam. :

Previous medical examination
assessment :
FIT/UNFIT/TEMP. UNFIT

Intended date of medical exam. :

Medical Center where
PMR is to be sent :

Other information, if any :

Signature

Place :

Date :