



Eswatini Aviation Training Institute Application For Admission

Passport
size
photo

Student Details

Surname: _____ Name: _____

Date of Birth: ____/____/____ Gender: _____

Town: _____ Country: _____ Citizenship: _____

Contact Details

Phone number: _____ Email: _____

Postal Address: _____

Address: _____

City: _____ Zip Code: _____

Educational Details

School Last Attended: _____

School
Address:

High School Qualification: _____

School Year: _____

College/University: _____

Course: _____

City: _____ County: _____

School
Address:

Certificates: Attach copies of educational certificates

Declaration

I _____ declare the information submitted above is correct

to the ESWATI may where required verify the information mentioned above.

Signature: _____

Date: ____/____/____

When this form has been completed it should be emailed to **info@eswati.com**
or WhatsApp it to **+268 78490532**

We shall contact you immediately, from ESWATI front desk. ©