

## EXAMINER'S CHECK RETURN FORM

<b>Examiner's Name:</b>							
<b>Authorization No.:</b>				<b>Date:</b>			
No.	Lic. No.	Candidate Name	Type of Test	P1/P2	Aircraft	Date of Test	Pass/Fail (see note 2)
1.							
2.							
3.							
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19.							
20.							
<b>Examiner's Signature:</b>						<b>Date:</b>	

*Note 1: Examiners should complete this form, listing all check conducted during each month and submitted to DGCA/ASD.*

*Note 2: In case of failure a Mandatory Check Failure Notification Part 1 & 2 must be completed and send to DGCA/ASD.*