

Application for Selection/ Renewal as Instructor/Examiner for ATS Unit

(To be filled separately for Instructor and Examiner. The applications shall be verified & forwarded by ATS In-Charge)

Section-A: General Details (To be filled by Applicant applying for selection/renewal as Instructor/Examiner)

1.	Name		Designation	
2.	Employee no		ATCO licence no.	
3.	Place of Posting			
4.	Applied for		Instructor /Examiner	
5.	Applied for Selection or Renewal		Selection/Renewal	
6.	Date of completion of Instructor Technique Course			
7.	Details of ratings acquired at current station of posting			
	Name of Rating		Date of Acquiring Rating	
i.	Aerodrome Control Rating			
ii.	Approach Control Procedural Rating			
iii.	Approach Control Surveillance Rating			
iv.	Area Control Procedural Rating			
v.	Area Control Surveillance Rating			
vi.	Oceanic Control Rating			
8.	Details of units for which Selection/Renewal as Instructor/Examiner is intended:			
	Name of Unit		Please tick the appropriate Rating	Experience in Years
i.	Aerodrome Control Rating			
ii.	Approach Control Procedural Rating			
iii.	Approach Control Surveillance Rating			
iv.	Area Control Procedural Rating			
v.	Area Control Surveillance Rating			
vi.	Oceanic Control Rating			

Section-B:-(To be filled by Applicant applying for Selection as Instructor/Examiner)

1.Details of previous three postings: -

S. No.	Station	Details		
		Date of Joining	Date of Relieving	Rating held with date of acquiring

Section-C:-(To be filled up Applicant applying for Renewal as Instructor/Examiner)

1.	Whether this is first renewal after fresh selection by board?	Yes/No	
2.	Date up to which the current Instructor/Examiner is valid (Date and Units)		
	Name of unit	Validity of Authorization	Whether carried out functions as Instructor/ Examiner in preceding 6 months
i.	Aerodrome Control Rating		
ii.	Approach Control Procedural Rating		
iii.	Approach Control Surveillance Rating		
iv.	Area Control Procedural Rating		
v.	Area Control Surveillance Rating		
vi.	Oceanic Control Rating		

Section-D: - Declaration by applicant:

I hereby declare that above information provided by me are correct with best of my knowledge and I am liable for appropriate action, if any information given by me is found to be wrong even at later date.

Place:	(Signature and name of applicant)
Date:	

Section-E: - Recommendation of ATS in-charge:

I hereby declare that information provided by the applicant in Section A and C has been verified through official records and found correct. The officer has no accident/ incident attributable to him/her in the preceding two years period.

Place:	(Signature, name, and stamp of the ATS in-charge)
Date:	