

APPLICATION FOR ISSUE OF EXAMINER AUTHORISATION OF ATS UNITS

1. Personal Details

Name of Controller	Designation	Employee No.	ATCO Licence No.
Correspondence Address	Station	ELPA	Email

2. Details of Medical (required for controller not holding the licence)

Class of medical	Medical centre / Designated Medical Examiner	Date of medical examination	Valid up to	Whether medical Assessment attached	For office use only
Class-III					

(Class-III medical for 4 years if age is up to 40yrs; Valid for 2 years if age is above 40 & up to 50 years; and above 50 years validity is 1 year.)

3. Examiner Authorisation Sought for Units: (name the units)

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4. Requirements of Examiner at ATS unit:

(i)	General Requirements of Examiner:	Fill following details	
(a)	Hold Valid ATCO Licence	Lic. No..... Valid Upto.....	
(b)	Hold valid instructor authorisation of the unit for which he has to act as an Examiner. Or Hold current rating for at least 15 months in unit for which he has to act as an examiner.	Yes/No	
(c)	Accident/incident free record in preceding two years from the date of application attributable to the applicant	Yes/No	
(d)	Successful completion of an instructor technique course covering the syllabus provided in appendix A or covered vide note below para 3.5of DGCA CAR Section 9 Series L Part III.	Date of completion	

	<p>Or</p> <p>At stations with one/two year tenure or having an average scheduled air traffic movement less than thirty per day in preceding one year or at newly established units functioning for a period of less than two years, the Examiner shall complete Instructor Technique course within six months of authorisation.</p>	<p>Or</p> <p>Will comply within six months of authorisation</p>	
(ii)	Experience Requirements of Examiner:		
(a)	<p>At least 3 Years of working experience while performing duty as a holder of any rating.</p> <p>Or</p> <p>At least one year of working experience while performing duty as a holder of any rating in case of airports having an average scheduled air traffic movement less than thirty per day in preceding one year.</p>	<p>Write the number in years</p> <p>.....</p>	
(b)	<p>Out of a) above at least 1 year of experience as instructor at any unit.</p> <p>Or</p> <p>Hold current rating for at least 15 months in unit for which he has to act as an examiner.</p> <p>Or</p> <p>Forty-five days in case of airports having an average scheduled aircraft movement less than thirty per day in preceding one year.</p> <p>Or</p> <p>Two months in case of newly established units functioning for a period of less than two years.</p>	<p>Yes/No</p>	

5. Any other information:

6. Declaration by the applicants:

I hereby declare that in terms of provision of The Aircraft Rules 1937, I have not suppressed or given any wrong information herein above. I understand that I am liable for appropriate action, if any information given by me is found to be wrong even at later date.

Place:

Date:

Signature of the applicant

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7. Recommendation of head of ATS unit:

(i)	I hereby declare that information provided by Mr./Mrs./Ms. _____ _____, has been verified through official records and found correct.
(ii)	The applicants has successfully completed all the requirements of CAR, Section-9 Series L Part-III for issue of authorisation as Examiner for following Unit(s):- (write the name of units)
(iii)	Recommended for issue of Examiner authorization of above Unit(s): - Place: Date: (Name, Designation, Signature, and Seal of ATS In-charge)