

CHECKLIST FOR CONDUCT OF SKILL ASSESSMENT FOR RATING

(To be printed either on an A3 sheet in the booklet form or on both sides on A4 sheets **past**ed together on the longer edge. Not to be used in single side print and lose/stapled sheets)

Name of Station		Location Indicator	
Name of Rating			

A. Personal Details

Name & Designation of controller		Employee Number	<input type="text"/>
Type of Licence	SATCOL/ATCOL/ NOT APPLICABLE	Licence Number	<input type="text"/>
Date of birth (DD MM YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	Completed age	<input type="text"/> Years

B. Class 3 Medical assessment:

1. Date of Validity of class 3 medical assessment	<input type="text"/> <input type="text"/> <input type="text"/>
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C. Aviation English language Proficiency (AELP) details:

1. AELP level	<input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six
2. Date of validity of AELP level (If below level 6)	<input type="text"/> <input type="text"/> <input type="text"/>

D. Training and examination Details

1. Training at ATSTO	i. Date of Completion of relevant approved course* for the rating from ATSTOs: (*:Applicable for those who have undergone the course after the approval of ATSTO)	<input type="text"/> <input type="text"/> <input type="text"/>
	ii. Date of qualifying written examination of relevant approved course	<input type="text"/> <input type="text"/> <input type="text"/>
2. Training at ATS station	i. Whether written examination applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. If yes, details of written examination	Date <input type="text"/> <input type="text"/> <input type="text"/> Marks obtained <input type="text"/> %
	iii. Details of PIP of written exam, if conducted	Date <input type="text"/> <input type="text"/> <input type="text"/> Marks obtained <input type="text"/> %

<p>3. Eligibility rating for reduction in the period of OJT and number of OJT hours.</p> <p><i>(Similar rating of another station and/or any other rating of same station)*</i></p> <p><i>(*: Refer para 3.4 of RTM)</i></p>	<p>Rating 1: _____</p> <p>Station: _____</p> <p>Date of performing last duty: _____</p>
<p>4. Section/sub-section of RTM applicable for the OJT hours/days <i>(in case of reduced OJT Hours/days, mention the relevant para)</i></p>	<p>Rating 2 : _____</p> <p>Station: _____</p> <p>Date of performing last duty: _____</p>
<p>5. Minimum Number of Hours and days required for OJT as per RTM? <i>(As per section/sub-section of RTM mentioned in 4 above)</i></p>	<p><input type="text"/> Months <input type="text"/> Days</p> <p><input type="text"/> Hours</p>
<p>6. Amount of total additional training prescribed if any <i>(in % of required OJT and number of Hours prescribed after PRB or in the PIP)</i></p>	<p><input type="text"/> % <input type="text"/> Hrs</p>
<p>7. OJT details</p>	<p>i. Number of OJT hours done. <i>(Where applicable, also give break up of additional training if any, is prescribed as per 6 above)</i></p> <p><input type="text"/> Hours</p> <p>ii. Number of days taken to complete required number of OJT hours? <i>(Where applicable, also give break up of additional training if any, is prescribed as per 6 above)</i></p> <p><input type="text"/> Months <input type="text"/> Days</p>
<p>8. Whether PRB done?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>
<p>9. If yes, result of PRB</p>	<p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p><input type="text"/> Marks (in %)</p>
<p>10. Result of previous skill assessment by the board (if any)</p> <p>Pass: Demonstrated Competency. Fail: Did not demonstrate competency</p>	<p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p><input type="text"/> Marks (in %)</p>

E. Comments by Training In-charge/ATS In-charge (Training In-charge/ATS In-charge may add clarifications/explanation related to any item above):

Reviewed and Verified by:

Validated by:

{Signatures, Name and designation with date}

{Signatures, Name and designation with date}

Counter signed by Chairman of the board:

{Signatures, Name and designation with date}

Instruction

1. All Dates should be in DD MM YYYY format
2. Application shall be verified by the Training In-charge concerned where available, and validated by the ATS In-charge
3. Attach following documents with check list:
 - i. Copy of SATCOL/ATCOL
 - ii. Copy of endorsement of ratings* (*: for eligibility rating for considering the experience requirement for reducing the number of OJT hours mentioned in para D 3.).
 - iii. Certificate of approved training course relevant to the rating, attended at an ATSTO. (see para D 1.)
 - iv. Rating certificate issued from the last station of posting with last duty performed in the unit (see para D 3.).
 - v. Current Aviation English language proficiency (AELP) certificate indicating Level and validity
 - vi. Valid Class 3 medical fitness certificate.
 - vii. Result(s) of written exam(s) in Form CAP-04/026A.
 - viii. Details of On-the-job- training, from ATCO's logbook, each entry duly signed by the instructor and verified by Training In-charge/ATS In-charge.
 - ix. Copy of extract of ATCOs logbook for details of On-the-job- training (hours and days), each entry duly signed by trainee and instructor. Copy of extract of logbook is to be verified by training In-Charge.
 - x. Result of PRB
 - xi. Result of previous skill assessment (in case of PIP in first skill assessment) in Form CAP-04/019

Legend:

AELP: Aviation English Language Proficiency;

ATCOL: Air Traffic Controller's Licence;

PIP: Performance Improvement Programme;

PRB: Pre-rating board;

OJT: On-the-job training;

RTM: Rating Training Manual,

SATCOL: Student Air Traffic Controller's Licence;