

**CHECKLIST FOR CONDUCT OF SKILL ASSESSMENT FOR AREA  
CONTROL CENTRE PLANNING RATING**

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

Name of Station		Location Indicator	
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A. Personal Details

Name & Designation		Employee ID	
Type of Licence	SATCOL/ATCOL/ NOT APPLICABLE	Licence Number	
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	Completed age	<input type="text"/> Years

B. Class 3 Medical assessment:

1. Validity of class 3 medical assessment	<input type="text"/> <input type="text"/> <input type="text"/>
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C. English language Proficiency:

1. Aviation English Language Proficiency level	<input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six
2. Validity Aviation English Language Proficiency level (If below level 6)	<input type="text"/> <input type="text"/> <input type="text"/>

D. Training and examination Details of ACC Planning Rating:

1. Whether Fresh rating of ACC-PLR? (First ACC Planning Rating of the unit at any station):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Date of Completion of Area Control Course:	<input type="text"/> <input type="text"/> <input type="text"/>
3. Details of written examination	a) Whether written examination applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If yes, details of qualified written examination: Date: <input type="text"/> <input type="text"/> <input type="text"/> Marks obtained <input type="text"/> % Pass Marks <input type="text"/> 80 %
4. Is this skill assessment being conducted for the revalidation of an invalid ACC-P/ACC-PLR rating at the current station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If so, tick name of invalid rating and fill date of last duty performed:	<input type="checkbox"/> ACC-P <input type="checkbox"/> ACC-PLR Date: <input type="text"/> <input type="text"/> <input type="text"/>

6. Whether reduced hours of OJT have been imparted based on experience of any other rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes, write any one applicable rating for reduction in OJT accordance with CAPC 04 of 2023 or any future updated versions:	<input type="text"/> Name of Rating <input type="text"/> Station <input type="text"/> <input type="text"/> <input type="text"/> Date of last duty performed
8. Minimum period (Months/Days) and Hours required for OJT?	<input type="text"/> Month <input type="text"/> Days <input type="text"/> Hours
9. Whether additional training prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Period (Months/Days) and Hours completed for OJT?	<input type="text"/> Month <input type="text"/> Days <input type="text"/> Hours
11. Result of PRB	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="text"/> Marks (in %)
12. Result of previous skill assessment by the board (if any)  Pass: Demonstrated Competency. Fail: Did not demonstrate competency	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="text"/> Marks (in %)

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

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**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. Dates should be in DD MM YYYY format.
2. Tick in the applicable boxes in serial number D 1, D 3(a), D 4, D 5, D 6, D 11 and D 12.
3. Applicants may be trained for reduced hours of OJT based on experience of any rating as stipulated in CAPC 04 of 2023 or any future updated versions. Name of any one of such applicable rating, station at which it was acquired along with last date of duty performed shall be mentioned in Serial no. D 7.
4. Application shall be verified by the Training In-charge concerned, and validated by the ATS In-charge.
5. Attach following documents with check list:
6. Certificate of Area Control Course
7. Rating/endorsement (as applicable in case of reduction) including record of last duty performed.
8. Attach Rating/endorsement of current station including record of last duty performed (in case of skill assessment for invalid rating).
9. English language proficiency (ELP) certificate indicating Level and validity.
10. Valid Class 3 medical assessment certificate.
11. Result(s) of written exam(s) (answer sheet with question paper).
12. Details of On-the-job- training, each entry duly signed by the instructor and verified by Training In-charge/ATS In-charge.
13. Result of PRB

Legend: **OJT**: On-the job training