



Form CAP-04/038P

AIRPORTS AUTHORITY OF INDIA

File No.:

Date:/...../.....

AREA CONTROL CENTRE PLANNING **RATING(ACC-PLR)**

Mr/Ms{name and designation of ATCO}, Employee number {Employee number}, Licence number {Licence number} is holder of Area Control Centre Planning Rating in {name of ACC Unit} unit at {Name of station}.

Mr/Ms..... is hereby authorised to perform duties and exercise privileges of Area Planner Rating at {Name of Station} in {name of ACC Unit}in accordance with CAPC 04 of 2023(Rev.1).

.....
Executive Director (CAP)

Copy to:

1. ED (ATM)
2. Individual File of ACC Planner.