

Application for issue of ACC Planning Rating

Section-A: General details to be filled by officer:

1.	Name & Designation of Applicant		
2.	Employee number		
3.	Licence number (if any)	SATCOL:	ATCOL:
4.	Date of completion of Area Control Course	DD-MM-YYYY	
5.	Class 3 Medical Assessment validity	DD-MM-YYYY	
6.	AELP validity	DD-MM-YYYY	
7.	Date of Written Exam	DD-MM-YYYY	
8.	Result of Written Exam with marks obtained(in percentage)		
9.	Minimum period (Months/Days) and Hours required for OJT		
10.	Date of Skill Assessment	DD-MM-YYYY	
11.	Result of Skill Assessment with marks (in percentage)		

Section-B: - Declaration by Applicant:

I hereby declare that all information provided above are true and best of my knowledge.

Place:	
Date:	
(Signature and Name of Applicant)	

Section-C: - Declaration by ATS In-charge:

I hereby declare that Shri/Mrs./Ms._____ has successfully completed Area Control Course from CATC/HTC/NIATAM on DD-MM-YYYY.

I hereby declare that the Written Examination and Skill Assessment was conducted for {Name & Designation of Applicant} for ACC Planning Rating and has been assessed as fit to perform duty in the ACC Planning Position at {name of station of duty}.

Place:	
Date:	
(Signature, Name, and Stamp of the ATS In-charge of the station of duty)	

Section-D: - Recommendation by ATS In-charge:

- a) I hereby declare that information provided by Mr./Mrs./Ms. {name & designation of applicant} has been verified from official records and found correct.
- b) The applicant has successfully completed all the requirements for certification to exercise the privileges of ACC Planning Rating in Area Control Planning position at {name of station of duty} station.
- c) The applicant is meeting all the requirements in accordance with the CAPC 04 of 2023 for certification to exercise the privileges of ACC Planning Rating in {Name of unit} unit at {name of station of duty} station.
- d) Recommended for issue of Certification to exercise the privileges of ACC Planning Rating in Area Control Planning Position at {name of station of duty} station.

Place:

Date:

(Signature, name, and stamp of the ATS In-charge of the station of duty)