

Application for issue of ACC Planning Rating for Area Concurrent/Area Procedural Controller

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

1.	Name & Designation of Applicant	
2.	Employee number	
3.	ATCOL number	
4.	Class 3 Medical Assessment validity	DD-MM-YYYY
5.	AELP validity	DD-MM-YYYY
6.	Date of Area Concurrent (ACC-P & ACC-S) or ACC(P) Endorsement	DD-MM-YYYY

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 the Area Concurrent (ACC-P & S) or Area Procedural (ACC-P) Endorsement for {Name & Designation of Applicant} has been received on date DD-MM-YYYY and he is eligible for ACC Planning Rating as per CAPC 04 of 2023 and is fit to perform duty 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 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 at {name of station of duty} station. d) Recommended for issue of Certification to exercise the privileges of ACC Planning Rating at {name of station of duty} station.

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