Application for issue of ACC Planning Rating for Area Concurrent 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) 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) 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(Rev.1) and is 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 (Rev.1) 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)