

**BUREAU OF CIVIL AVIATION SECURITY
MINISTRY OF CIVIL AVIATION
GOVERNMENT OF INDIA
NEW DELHI**

BCAS-TRG-DIV

APPENDIX: "U"

Part - I

1. Name of the Candidate: _____
(Surname) (First name) (Middle name)
2. Sex : Male Female
3. Designation of Candidate :- _____
4. E-mail ID: _____
5. Mobile No.:- _____
6. Date of Birth (DD/MM/YY): ____/____/____
7. Nationality _____(Indian)
8. Educational Qualification (Academic) _____
9. Educational Qualification (Technical) _____

**Passport size (70%
face white
background Matte
finish)**

**Signature of
Individual**

PART: II

Details of Previous AVSEC Courses Attended by Nominee*

Sr No	Course Name	PERIOD			Marks obtained	Remarks
		FROM	TO	RESULT		

*** (Note- Non disclosure of any information pertaining to previous AVSEC Courses will amount to disqualification of the candidate)**

PART: III

Working Experience

S.No	Organization	Designation	Period		Remarks
			From	To	

AEP No. _____

Employee Code. _____

Date:

Signature of the candidate

Place of Posting:

PART:IV

NOMINATION/REGISTRATION FORM

1. Course Name: _____

2. Exam Centre: _____

3. Duration of Course - From: _____ To: _____

4. Name & contact address of Sponsoring Organization: _____

5. Name & Contact address of paying organization _____

Declaration by Sponsoring Organization

I _____ certify that the above mentioned nominee is medically fit and fluent in spoken & writing English. He / She is on regular pay roll of this organization as security employee and falls within the parameters of the course target population as defined in NCASTP. The security program of my organization is approved by Competent Authority and the information disclosed under this form is correct as per best of my knowledge.

1. Name of sponsoring authority:
2. Designation :

Date:

Signature with seal

PART: V

(For BCAS use only)

The nomination of Ms/Mr: _____ is accepted/not accepted

Date:

Signature of BCAS Official