

(BUREAU OF CIVIL AVIATION SECURITY)

NOMINATION FORM

1. Course Name : _____
2. Course location : _____
3. Date of course : From _____ To _____

PART – 1 NOMINATION BY SPONSORING ORGANISATION

1. Name of Sponsoring Organization :
2. Nominates Mr./Mrs./Miss _____
(family name) (first name) (middle name)
to attend the above-mentioned aviation security course.
3. Agrees to assume responsibility for the nominee's transportation, accommodation and other costs to and from the course venue.
4. Certifies that the nominee is medically fit.
5. Certifies that:-
 - (a) Nominee is a regular employee/on contract for more than two years.
 - (b) The nominee has complete fluency in spoken and written language of instruction of the course;
 - (c) The nominee falls within the parameters of the course target population as defined in the NCASTP; and
 - (d) The nominee agrees to arrive on time and to attend all sessions for the entire course.

6. Signature and approval of sponsoring authority
 - (a). Sponsoring organisation _____ Date _____
 - (b) Name _____
 - (c) Designation _____
 - (d) Official address _____
 - (e) Tel./Fax. No. _____ Signature and seal _____
Sponsoring authority

PART - II - NOMINEE'S PERSONAL HISTORY

1. Name in full: _____
2. Date of birth: _____ 3. Nationality: _____
4. Job Title: _____
5. Contact work address (for mailing purposes):

- (a) Work Telephone Number: _____
- (b) Home telephone Number: _____
- (c) Mobile telephone number: _____
- (d) Fax Number: _____
6. Nominee's statement
I hereby undertake to: -
 - a) Conduct myself, at all times, in a manner compatible with my status as a participant in the BCAS Aviation Security Course;
 - b) Devote all my time during the course to the successful pursuit of the curriculum as directed by BCAS;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the country;
 - d) Comply with all instructions during the course of training; and
 - e) Apply my newly acquired knowledge to further the development in my organisation
7. I hereby acknowledge that: -
 - a) I have complete fluency in spoken and written English or Hindi, which is the language of instruction of the course;
 - b) I will be tested on the first day of training to ensure that I possess the necessary understanding of aviation security. My continued participation in the course as a student is dependent upon successful completion of the test conducted on the first day of training.
8. I certify to the best of my knowledge that all the information given above is true to my best knowledge and belief.

Date:

Nominee's Signature:

PART - III – AVIATION SECURITY COURSES / SPECIALIZED TRAINING

1. Technical and/or Specialized training record in AVSEC:

Name and Place of Training Institute	Subject(s) studied	Period		Diploma/ Certificate acquired
		From	To	

2. Employment record (indicate last five years and/ or last two positions):

Employer (name of firm/ org)	Position last held	Period		Duties/ Responsibilities
		From	To	

PART - IV – RECOMMENDATION BY THE BCAS

The above nominee is selected / not selected for participation in the course.

Date : _____ Signature :

Please mail to:-
The Commissioner of Security (CA)
BCAS Training Centre,
'A ' Wing Janpath Bhawan,
Janpath, New Delhi 110001
Tel/ Fax. No.011 23355166 / 23355164
Fax. No.011 - 23315695 / 23355166

REGISTRATION FORM

(BUREAU OF CIVIL AVIATION SECURITY)

1. Course Name : _____
2. Course location : _____
3. Date of course : From _____ To _____
4. Name in full : _____
(family name) *(first name)*
5. Designation : _____
- 6 Sex : Male () Female ()
7. Date of birth: _____ .Nationality : _____
8. Qualification (Academic / Technical : _____

Details of BCAS courses attended,

Name of course	Year	Result
(a) _____		
(b) _____		
(c) _____		

Place of posting : city _____ Airport _____

Brief description of present job : _____

12. Previous work experience

13. Contact work address (for mailing purposes):
