

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

**REGISTRATION / NOMINATION FORM**

**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)

**Signature of  
Individual**

**PART -II**

**Details of Previous AVSEC Courses Attended by Nominee\***

S.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: \_\_\_\_\_

Place of Posting: \_\_\_\_\_

**Signature of the Candidate**

**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 with BCAS Official**