

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

<u>FEE PAYING ACCOUNT DETAILS FOR AVSEC TRAINING COURSES</u>	
Name of the beneficiary	Airports Authority of India
Name of the beneficiary Bank address	State Bank of India Meenambakkam Airport Branch, Old Airport Complex, GST Road, Meenambakkam, Chennai, Tamilnadu-600 027
Account Number	40533447477
Account type	Current Account
11 Digit IFSC	SBIN0005789
9 Digit MICR No	600002062
Contact Details	Email : asti.vomm@aai.aero Tele : 044-22567712, 044-22560915 Mob : 08903340989, 08122604345
<u>FEE DETAILS FOR AVSEC TRAINING COURSES</u>	
03 days course	10,620/-
05 days course	17,700/-
14 days course	49,560/-
As per BCAS guidelines, the course fee to be charged for AVSEC Courses is Rs.3000/- per day per candidate plus GST (18%) is Rs 540, total 3,540/- per day	

REQUIRED DETAILS AFTER PAYMENT

(These details may please be sent alongwith nomination form and email to asti.vomm@aai.aero)

Name of the Candidate	
Name of the Agency	
Name of Course	
Period of Course	
Amount paid and date of payment	
UTR / Transaction ID with Bank details	
GST Number of paying Agency / Individual	