



**PART "B"**

1. I certify that the above person is on the payroll of our organization.
2. The particulars given are correct and the applicant essentially needs Aerodrome Entry Permit in order to perform his / her duties.

Recommended for issue of AEP for zones [Tick ( ✓ ) where applicable] for a period upto \_\_\_\_/\_\_\_\_/\_\_\_\_.

<b>A</b>	<b>D</b>	<b>T</b>	<b>S</b>	<b>P</b>	<b>B</b>	<b>F</b>	<b>Ft</b>	<b>C</b>	<b>Cs</b>	<b>I</b>
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Terminal \_\_\_\_\_.

Place: \_\_\_\_\_

(Signature of Authorized Signatory with Seal).

Date : \_\_\_\_\_

Name \_\_\_\_\_.

Designation \_\_\_\_\_.

**PART "C"**

(This part may be used by agencies / departments in case the applicant is required to visit several / all airports in the country in the course of his official duties).

Certified that the applicant Mr. / Ms. \_\_\_\_\_ is required to visit the \_\_\_\_\_ airport(s) in the course of official duties.

Date

(Signature of Authorized Signatory with seal).

Name \_\_\_\_\_

Designation \_\_\_\_\_

**Part "D"**

**(To Be Certified By the administrative Officer of the Applicants Department)**

1. I certify that the above person is a PERMANENT / TEMPORARY employee of our organization.
2. The Service Book/Personal Files have been checked and the information furnished by the Applicant is found Correct / Not Correct (details to be mentioned in separate sheet)
3. Details of Vigilance Enquiries/Cases, if any: (details to be mentioned in separate sheet)
4. I hereby undertake to return the AEP to BCAS within one week after the applicant's need for the AEP officially ends.

NB: Delete inapplicable alternative.

Date: \_\_\_\_\_

Signature of authorized signatory with Seal.

Name:

Designation

**Part "E"**

**(To be endorsed by the Security Department of the organization / Local Police Authorities)**

(a) Certified that nothing adverse against the applicant has come to our notice and the nature of his /her duties require, issue of AEP for the duration, zone and the Airports mentioned in Part-B and C.

-OR-

(b) The following adverse facts have come to our notice based on which AEP is Not Recommended.  
(In separate sheet)

**Note:**

1. Background checks to be conducted on the person by the Special Branch of Police / District Authorities of the area of residence of applicant for the last 02 years.
2. The background checks to be carried out by the Police Station of the area or residence of applicant during the last 06 months.

Date: \_\_\_\_\_

Signature of authorized signatory.

Official Seal of Department:

Name:

Designation: