GOVERNMENT OF INDIA BUREAU OF CIVIL AVIATION SECURITY AIRPORT ENTRY PASS (AEP) APPLICATION FORM (AEPAF)

Fill up the form in CAPITAL LETTERS. Two copies of recent coloured passport size photographs- are to be pasted (Not to be stamped) in space below. All the columns must be filled up otherwise application is liable to be rejected. All dates are to be given in DD/MM/YY format. Any overwriting / correction must be countersigned with official seal.

PART "Ă"

	FOR OFFICE USE		
		Terminal	
PASTE		·	PASTE PHOTO
PHOTO HERE	-	irport I.G.I. Airport.	ONLY
ATTESTED ON FRONT.	4. Valid upto	$\frac{1}{1}$	
ON FROM I.	5. Issue date	/ / (D) (M) (Y) / / / (D) (M) (Y)	
	6. CA Verit any other.	(D) (M) (Y) fication :(SHO/SB/PP/	
		-	Signature in BLOCK e (IN BLACK INK)
1. Fresh Issu	e / Re-issue (I/R)		(IN DLACK INK)
2. a. F	or Fresh issue tick	\sim V $^{\prime}$	
Fresh App	pointment ()	Transfer () Mutilation () Expiry ()	
Designation Loss	on Change ()	Mutilation () Expiry ()	
	r reason :	r y ()	
b. Date	e (as of 2(a):	/////////	(Y)
3. Name in fi	11		(Y)
(Surname			
4. Father's	Name		·
5. Mother's	Name		
6. a. Permai	nent Address :		
b. Preser	nt Address :		
7. Date of B	irth/	(M) (Y) 8. Date of superannuation	/ / (D) (M) (Y)
9. a. Organ	nisation :	Code	
b. D	esignation	Code	
c. Ei	mployee :		
d. Pl	ace of duty :		
e. N	ature of duty :		
f. O	ffice Address :		

11.	Details of AEP in possession : AEP No		: Valid upto		
12.	Information relating to applicants other than	Indian na	tionals.		
	a. Nationality :	b.	Passport No.:		
	c. Place of Issue :	d.	Date of issue :		
	e. Expiry of Passport	f.	Type of Visa :		
	g. Expiry of visa				
	I certify that the particulars given by me	above an	re correct.		
Date :			Signature of Applicant.		
	PART	["B"			
1.	I certify that the above person is on the p	ayroll of	our organization.		
2.	The particulars given are correct and the applicant essentially needs Airport Entry				
	Pass in order to perform his / her duties.				
3.	Period for which recommended :		·		
			Green / Light Brown / Navy Blue / oth). Tick () where applicable.		
Place_		(Signatı	ure of Authorized Signatory with Seal).		
Date :			Name		
			Designation		
(To be	signed only by an Authority whose Specimer	ı Signatu	re has been forwarded).		
	PART	. "C"			
(This p	part may be used by agencies / departments	in case	the applicant is required to visit several		
/ all air	ports in the country in the course of his officia	l duties).			
Certifi	ed that the applicant Mr. / Ms		whose particulars are given		
in part	'A' is required to visit the following airports in	1 the cou	rse of official duties.		
Name	of Airports :				

Did you apply for AEP earlier? YES / NO Whether issued or not? YES / NO

Date

10.

(Signature of Authorized Signatory with seal).

Official seal of Department.

Name _____

Designation_____.

PART D (i)

1 (a) Is any case pending against you with the police or court ?(b) If Yes , furnish full details on a separate sheet of paper.	Yes/No	
2 (a) Were you ever arrested ?		
(b) If yes, furnish full details.		
3. (a) Was any punishment inflicted upon you departmentally	Yes/No	

(b) If, Yes, furnish full details:

I certify that the particulars furnished by me above are correct, I also understand that suppression of information or giving false information would make me liable to legal action.

Date:_____

Signature of applicant

Part D (ii)

(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. The nature of his/her duties necessitate possession of a AEP of Colour (Green / Brown/Blue/Purple/Orange-C/Orange)] which is recommended for a period of for Terminal (I/II/Both) and for following Airports

5. 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: _/__/___ Seal Of Department: Signature Name: Designation

Part D (iii)

(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, colour and the Airports mentioned in Part-B or as modified

-OR-

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

Date:

Official Seal Of Department:

Signature of authorized signatory.

Name:

Designation