

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.

| | | |
|--|--|---|
| <p style="text-align: center;">PASTE PHOTO HERE ATTESTED ON FRONT.</p> | <p>FOR OFFICE USE :</p> <p>1. Colour_____Terminal_____.</p> <p>2. AEP No._____.</p> <p>3. Working Airport I.G.I. Airport.</p> <p>4. Valid upto ____/____/____.</p> <p style="text-align: center;">(D) (M) (Y)</p> <p>5. Issue date ____/____/____.</p> <p style="text-align: center;">(D) (M) (Y)</p> <p>6. CA Verification : _____(SHO/SB/PP/ any other.</p> | <p style="text-align: center;">PASTE PHOTO ONLY</p> |
| | | |

f. Office Address :

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

11. Details of AEP in possession : AEP No. _____ : Valid upto _____

12. Information relating to applicants other than Indian nationals.

- 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 are correct.

Date :

Signature of Applicant.

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 Airport Entry Pass in order to perform his / her duties.
3. Period for which recommended : _____.

➤ ☐ Recommended for issue of AEP (Light Green / Light Brown / Navy Blue / Purple/Orange / White) For Terminal (I/II/Both). Tick (☒) where applicable.

Place _____

(Signature of Authorized Signatory with Seal).

Date : _____

Name _____.

Designation _____.

(To be signed only by an Authority whose Specimen Signature has been forwarded).

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. _____ whose particulars are given in part -A is required to visit the following airports in the course of official duties.

Name of Airports : _____.

Date

(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 ? **Yes/No**
(b) If Yes , furnish full details on a separate sheet of paper.
- 2 (a) Were you ever arrested ? **Yes/No**
(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