## 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 "A"

\_\_\_\_\_Terminal\_\_\_\_\_

FOR OFFICE USE:
1. Colour\_\_\_\_\_

PASTE PHOTO HERE ATTESTED ON FRONT.		2. AEP No				<b>.</b>
		3. Working A	Airport I.G.I. A	irport.		PASTE PHOTO ONLY
		4. Valid upto	)/			
		5. Issue date	(D) (M)		·	
					(SHO/SB/PP/	
					Specimen	Signature in BLOCK e (IN BLACK INK)
1.	Fresh Issu	e / Re-issue (I/R)		,		
2.	a. Fo	or Fresh issue tick	( \sqrt\) re	asons men	ntioned below.	
		oointment ( ) on Change ( ) ( )		Transfe Mutilati Expiry	r ( ) on ( ) ( )	
	Any other	reason:				
	b. Date	(as of 2(a):	(D)	_/	(M)	· (Y)
3.	Name in fu (Surname					
4.	Father's	Name				·
5.	Mother's	Name				
6.	a. Perman	nent Address:				
	b. Preser	nt Address :				
7.	Date of Bi	rth (D)	//	8. Date of	superannuation	/ / / (D) (M) (Y)
9.	a. Organ	isation:			Code	
	b. De	esignation			Code	
	c. Er	mployee:				
	d. Pla	ace of duty:				
	e. Na	ature of duty :				
	f. Of	ffice Address:				

10.	Did you apply for AEP earlier? YES / NO	Whe	ther 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 aı	re correct.				
Date:			Signature of Applicant.				
	PART	"B"					
1.	I certify that the above person is on the pa	ayroll of	our organization.				
2.	2. The particulars given are correct and the applicant essentially needs Airport Ent						
	Pass in order to perform his / her duties.	Pass in order to perform his / her duties.  Period for which recommended:					
3.	Period for which recommended:						
	➤ Recommended for issue of AEP	(Light	Green / Light Brown / Navy Blue /				
		Recommended for issue of AEP (Light Green / Light Brown / Navy Blue / Purple/Orange / White) For Terminal (I/II/Both). Tick ( ) where applicable.					
	1 0 /		, , , , , , , , , , , , , , , , , , , ,				
Place_		(Signati	are of Authorized Signatory with Seal).				
Date:			Name				
			Designation				
(To be	signed only by an Authority whose Specimen	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				
	ports in the country in the course of his official						
Certifi	ed that the applicant Mr. / Ms		whose particulars are given				
in part	'A' is required to visit the following airports in	the cou	rse of official duties.				
Name	of Airports :						
Date		(Signat	ure of Authorized Signatory with seal).				
Officia	al seal of Department.	Nam	e				
		Designation					

PART	<b>D</b> (i)

1 (a) Is any case pending against you with the (b) If Yes, furnish full details on a separate			Yes/No	
2 (a) <b>V</b>	Were you ever arrested ?	Yes/No		
` ,	If yes, furnish full details.			
	Was any punishment inflicted upon you departm	nentally Yes/No		
	If, Yes, furnish full details:	· · · · · ·		
I cert	tify that the particulars furnished by me ression of information or giving false in	above are correct, I also understand the formation would make me liable to lega		
Date:	<u>:</u>	Signature of applicant		
	Part D	(ii)		
(To E	Be Certified By the administrative Offic	er of the Applicants Department)		
1.	I certify that the above person is a PER organization.	RMANENT / TEMPORARY employee of o	ur	
2.	The Service Book/Personal Files have been the Applicant is found Correct / Not Correct (		ЭУ	
3.		s, if any: (details to be mentioned in separa	te	
4.	sheet) The nature of his/her duties necessitate por Brown/Blue/Purple/Orange-C/Orange )] for Terminal		of	
5. for the	I hereby undertake to return the AEP to BO AEP officially ends.	CAS within one week after the applicant's nee	d	
NB: [	Delete inapplicable alternative.			
Date:	_//	Signature		
Seal C	Of Department:	Name:		
		Designation		
	Part D	(iii)		
(To b	e endorsed by the Security Department of the	he organization / Local Police Authorities)		
his /h		icant has come to our notice and the nature of ion, colour and the Airports mentioned in Par		
	-OR-			
	The following adverse facts have come to mmended.	o our notice based on which AEP is N	ot	
Date	:	Signature of authorized signatory.		
Officia	al Seal Of Department:	Name:		
		Designation		