

GOVERNMENT OF INDIA OFFICE OF THE DIRECTOR GENERAL OF CIVIL AVIATION TECHNICAL CENTRE, OPP-SAFDURJUNG AIRPORT, NEW DELHI

CIVIL AVIATION REQUIREMENTS SECTION 9 – AIR SPACE AND AIR NAVIGATION SERVICES STANDARDS

SERIES L PART X ISSUE I,,

EFFECTIVE: FORTHWITH

File No: DGCA-21048/1/2019-ANS

Subject: Issue and renewal of Student Air Traffic Controller's Licence

1. INTRODUCTION

- 1.1 Rule 95 of The Aircraft Rules 1937 empowers Central Government to grant or renew Student Air Traffic Controller's Licence (SATCOL).
- 1.2 An applicant has to meet the requirements in respect of age, educational qualification, medical fitness, knowledge, experience and English language proficiency etc. for issue of SATCOL. The requirements for issuance and renewal of the SATCOL are laid down in Part XII and Schedule III of The Aircraft Rules, 1937.
- 1.3 This CAR is laid down for the guidance of applicant and ATSTO to ensure the compliance of the requirements for issue and renewal of SATCOL.
- 1.4 This CAR is issued under the provisions of Rule 95 and 133A of The Aircraft Rules, 1937.

2. APPLICABILITY

This CAR is applicable to applicant/ holder of SATCOL, Air Traffic Service Training Organisations (ATSTO) and Air Navigation Service Providers (ANSP).

3. ISSUANCE OF SATCOL

- 3.1 On completion of requirements of Schedule III Section B at approved ATSTO, applicant is required to submit the SATCOL issue application in prescribed proforma (refer Appendix-1 of this CAR) to DGCA. Application shall be accompanied with requisite enclosures and fee. The fee shall be in accordance with Rule 99 of The Aircraft Rules 1937 and is required to be paid through https://bharatkosh.gov.in
- 3.2 Head of ATSTO has to verify the information given in duly filled in SATCOL application and shall ensure that the application is accompanied with the satisfactory background check report.
- 3.3 Application completed in all respect be submitted to DGCA at the following address:

Office of the Director General of Civil Aviation ATCO Licensing Division, East Block-3, Level-3, R. K. Puram, New Delhi-110066.

4. <u>RENEWAL OF SATCOL</u>

- 4.1 Applicant shall submit the application for renewal of SATCOL after ensuring compliance of requirements of Schedule-III Section-B to DGCA in the prescribed performa (refer Appendix-2 of this CAR) along with requisite fee and enclosures. The fee shall be in accordance with Rule 99 of The Aircraft Rules 1937 and is required to be paid through https://bharatkosh.gov.in
- 4.2 Application for renewal along with original SATCOL shall be submitted at least 60 days in advance of the expiry of SATCOL at the same address as for issue.
- 4.3 Candidate may continue exercising the privileges of SATCOL until expiry of the same on the basis of evidence that license is submitted to DGCA for renewal.

5. <u>ISSUANCE OF DUPLICATE STUDENT AIR TRAFFIC</u> <u>CONTROLLER'S LICENCE</u>

- 5.1 The holder of the licence may apply to DGCA for the issue of a duplicate licence in case SATCOL is lost or defaced. A copy of police complaint/ FIR shall be accompanied with application i.r.o. loss. In other cases original defaced SATCOL be submitted along with the application.
- 5.2 Applicant shall submit the application for duplicate issue of SATCOL in the prescribed performa (refer Appendix-3 of this

CAR) along with requisite fee and enclosures. The fee shall be in accordance with Rule 99 of The Aircraft Rules 1937 and is required to be paid through <u>https://bharatkosh.gov.in</u>

- 5.3 Duplicate SATCOL will be issued on the basis of information available with DGCA.
- 5.4 Validity of duplicate SATCOL will be the same as in the previously issued SATCOL.

6. Enforcement/ Penal Provision

In case of concealment or misrepresentation of facts to DGCA vis-à-vis the compliance of the Aircraft Act 1934, the Aircraft Rules 1937, applicable CARs or other regulations issued from time to time action will be taken.

> (B.S. Bhullar) Director General of Civil Aviation

Appendix-1

GOVERNMENT OF INDIA DIRECTORATE GENERAL OF CIVIL AVIATION

File No

(For office use only)

APPLICATION FOR ISSUE OF SATCOL

1. Personal Details:

| (i) | Name of candidate (as in 10 th certificate) | |
|-------|-----------------------------------------------------------------------------|--------------------------------|
| | Father's Name | Affix recent, name printed |
| | Mother's Name | photograph of size 3 x 4 cm |
| (ii) | Date of birth (as in 10 th certificate) | (also enclose at least 3 |
| | Age as on date of application (Age shall not be less than 20 yrs.) | photographs with form) |
| (iii) | Place and country of | |
| | birth | |
| (iv) | Nationality | |
| | | (signature of candidate) |
| (v) | Correspondence address | |
| (vi) | Permanent address | |
| (vii) | e-mail address | |

2. Educational Qualification:

| | Examination | Name of Board/ university | Year | Subjects offered (write name of subjects) | for office use only |
|-------|----------------------------|----------------------------------------|------|-------------------------------------------|------------------------|
| (i) | Class X or equivalent | | | | |
| (ii) | Class XII or equivalent | | | | |
| (iii) | science or | Name of Degree: Name of University: | | | |
| (iv) | Any other | | | | |

(Degree in science with Physics and Mathematics or an equivalent examination shall be from recognized University. For recognition and equivalency please check from UGC)

| (v) | In lieu of (iii) above, give details of | Write the date of Validity of CPL/ATPL | Write below the name of the aircrafts endorsed on CPL/ATPL. | |
|-----|--------------------------------------------|-------------------------------------------|-------------------------------------------------------------|--|
| | CPL/ATPL | below. | | |

| CPL No | | |
|------------|--|--|
| Or ATPL No | | |

(CPL/ATPL shall be valid on the date of application)

3. Details of Medical:

| Class of Medical | Medical Centre/ Designated Medical Examiner | Date of medical | Valid up to | Whether DGCA assessment attached | for office use only |
|---------------------|---------------------------------------------------|--------------------|-------------|----------------------------------------|------------------------|
| | | | | | |

(Class-III medical is valid for 4 years if age is below 40 yrs; valid for 2 years if age is above 40 & below 50 yrs; and above 50 yrs validity is 1 year.)

4. Knowledge: details of written examination

| | Subject | Roll No. | Date of Result | Indicate Pass | for office use only |
|-------|----------------------------------|----------|----------------|---------------|------------------------|
| (i) | Air Law | | | | |
| (ii) | Air traffic control equipment | | | | |
| (iii) | General knowledge | | | | |
| (iv) | Human performance | | | | |
| (v) | Meteorology | | | | |
| (vi) | Navigation | | | | |
| (vii) | Operational procedures | | | | |

(Minimum pass percentage for each subject is 80 %.)

Experience: Approved Courses

| | Name of Course | Year of Passing | Name of ATSTO | For office use only |
|-------|----------------|--------------------|---------------|---------------------------|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |

5. Language proficiency:

| (i) | Grade Awarded | Four | Five | □ Six |
|------|--------------------------------|------|------|-------|
| | (Please tick V as appropriate) | | | |
| (ii) | Validity of ELP Grade | | | |

6. Background Check:

| Status of background check report | |
|-----------------------------------|--|
|-----------------------------------|--|

7. Fee details:

| | ee accurist | |
|------|--------------------|--|
| (i) | Amount of fee paid | |
| (ii) | Date of payment | |

| (iii) | Receipt Number/Transaction Reference Number etc. | |
|--------------------|-----------------------------------------------------|--|
| 8. <i>A</i> | Any other information: | |
| | | |

9. Declaration by the applicant:

I hereby declare that in terms of provisions of The Aircraft Rules 1937, I have not suppressed or given any wrong information herein above for the purpose of obtaining the student air traffic controller's license. I understand that I am liable for appropriate action, if any information given by me is found to be wrong even at a later date.

Place:

Date:

Signature of the applicant

10. Recommendation of head of ATSTO:

| 100 110 | | | | | | | |
|---------|------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| (i) | I hereby declare that information provided by Mr. /Mrs. /Ms. | | | | | | |
| () | , has been verified through official records and | | | | | | |
| | found correct. | | | | | | |
| (ii) | The applicant has successfully completed all the requirement for issue of student air traffic controller's | | | | | | |
| () | license as specified in Schedule III. | | | | | | |
| (iii) | Recommended for issuance of student air traffic controller's license. | | | | | | |
| | | | | | | | |
| | <u>Place</u> : | | | | | | |
| | Date: Signature and seal of head of ATSTO | | | | | | |
| | | | | | | | |

List of enclosures

| S. No. | Name of Document | Attached | For DGCA office use only |
|--------|-------------------------------------------------------------|----------|--------------------------|
| | | | |
| | Copy of Class X certificate of a recognized Board or its | | |
| | equivalent or the Birth Certificate issued by a Municipal | | |
| | Corporation or Committee as proof of age. | | |
| | Copy of background check | | |
| | EQ certificates copies as per a) or b) or c) | | |
| a) | Copy of certificate of educational qualification. | | |
| b) | Copy of certificate of equivalent educational qualification | | |
| | along with equivalency certificate copy. | | |
| c) | Copy of valid CPL or ATPL | | |
| | Medical | | |
| | Copy of Knowledge certificate | | |
| | Copy of the approved courses undergone (as applicable). | | |
| | Copy of ELPA certificate. | | |
| | Copy of receipt of fee paid through Bharatkosh. | | |

| | 3 photographs as pasted in application | | |
|--|----------------------------------------|--|--|
| | Any other document. | | |

Note: All copies shall be duly verified by Head of ATSTO.

INSTRUCTIONS TO THE APPLICANTS

- 1. This application, duly filled-in may be submitted personally or through an authorized person or by registered post to Office of the Director General of Civil Aviation, ATCO Licensing Division, East Block-3, Level-3, R. K. Puram, New Delhi-110066.
- 2. The date of application is the date at which the application is received in DGCA. Therefore, ATSTO shall ensure that application reaches in time at DGCA.
- 3. All the calculations of the validity items is based on the date of application in DGCA. Applicant shall possess all the requisite documents including medical, written exam results, approved course, ELPA etc. on the date of submission of papers in DGCA, else application would be summarily rejected.
- 4. The photograph shall be identical, recent, coloured, size 3cmx 4cm showing frontal view of full face and having name printed on them. The name shall be the same as in 10th certificate.
- 5. If, any person has changed his name than what appears on his 10th certificate, he shall submit all the relevant certificates and documents required by law in support of change in name.

Appendix-2

GOVERNMENT OF INDIA DIRECTORATE GENERAL OF CIVIL AVIATION

File No

(For office use only)

APPLICATION FOR RENEWAL OF STUDENT AIR TRAFFIC CONTROLLER'S LICENSE

1. Personal Details:

| (i) | Name of candidate | |
|-------|-------------------|--|
| (ii) | Correspondence | |
| | address | |
| (iii) | Permanent address | |
| (iv) | e-mail address | |
| | | |

2. Details of Student Air Traffic Controller's license:

| | | |
|----------------|-------------|------------------------|
| License Number | Valid up to | for office use only |
| | | |

3. Details of Medical:

| c. Details | ormeuteur | | | | |
|---------------------|---------------------------------------------------|--------------------|-------------|----------------------------------------|------------------------|
| Class of Medical | Medical Centre/ Designated Medical Examiner | Date of medical | Valid up to | Whether DGCA assessment attached | for office use only |
| | | | | | |

(Class-III medical is valid for 4 years if age is below 40 yrs; valid for 2 years if age is above 40 & below 50 yrs; and above 50 yrs validity is 1 year.)

4. Fee details:

| _ | | e uctails. | |
|---|-------|-----------------------------------------------------|--|
| | (i) | Amount of fee paid | |
| | (ii) | Date of payment | |
| | (iii) | Receipt Number/Transaction Reference Number etc. | |

5. Any other information:

6. Declaration by the applicant:

I hereby declare that in terms of provisions of The Aircraft Rules 1937, I have not suppressed or given any wrong information herein above for the purpose of renewal of the student air traffic controller's license. I understand that I am liable for appropriate action, if any information given by me is found to be wrong even at a later date.

Place:

Date:

Signature of the applicant

| (i) | I hereby | declare | that | information | provided | by | Mr. | /Mrs. | /Ms. |
|-------|------------------|-----------------|-------------|----------------------|----------------|------------|----------|------------------|----------|
| (1) | | | | , has | been verified | through | official | records and | found |
| | correct. | | | | | | | | |
| (ii) | The applicant h | nas successfull | y complet | ed all the requir | ement for rene | ewal of st | tudent a | air traffic cont | roller's |
| (, | license as speci | fied in Schedu | le III. | | | | | | |
| (iii) | Recommended | for renewal of | f student a | air traffic controll | er's license. | | | | |
| | Place: | | | | | | | | |
| | | | | | G. (| 1 | 1 61 | 1 6 4 77 0 | TT '/ |
| | Date: | | | | Signati | are and s | eai of h | lead of ATS | Unit |

7. Recommendation of head of ATS unit:

List of enclosures

| S. No. | Name of Document | Attached | For DGCA office use only |
|--------|-------------------------------------------------|----------|--------------------------|
| 1. | SATCOL in original | | |
| 2. | Medical | | |
| 3. | Copy of receipt of fee paid through Bharatkosh. | | |
| 4. | Any other document. | | |

Note: All copies shall be duly verified by Head of ATS Unit ...

INSTRUCTIONS TO THE APPLICANTS

- 1. This application, duly filled-in may be submitted personally or through an authorized person or by registered post to Office of the Director General of Civil Aviation, ATCO Licensing Division, East Block-3, Level-3, R. K. Puram, New Delhi-110066.
- 2. All the calculations of the validity items is based on the date of application in DGCA. Applicant shall possess all the requisite documents on the date of submission of papers in DGCA, else application would be summarily rejected.
- 3. If, any person has changed his name than what appears on his 10th certificate, he shall submit all the relevant certificates and documents required by law in support of change in name.

Appendix-3

GOVERNMENT OF INDIA

DIRECTORATE GENERAL OF CIVIL AVIATION

File No

(For office use only)

APPLICATION FOR DUPLICATE ISSUE OF STUDENT AIR TRAFFIC CONTROLLER'S LICENSE

1. Personal Details:

| (i) | Name of candidate | |
|-------|---------------------------|----------------------------------------------------------------|
| (ii) | Correspondence address | Affix recent, name printed photograph of size |
| (iii) | Permanent address | 3 x 4 cm (also enclose at least 3 photographs with form) |
| (iv) | e-mail address | (signature of candidate) |

2. Details of Student Air Traffic Controller's license:

| License Number | Valid upto | For office use only |
|----------------|------------|------------------------|
| | | |

3. Copy of Police complaint/ FIR attached. (ensure)

4. Fee details: (attach details)

| (i) | Amount of fee paid | |
|-------|-----------------------------------------------------|--|
| (ii) | Date of payment | |
| (iii) | Receipt Number/Transaction Reference Number etc. | |

5. Any other information:

Place:

Date:

Signature of the applicant