

APPLICATION FOR APPROVAL FOR NON-SCHEDULED FLIGHTS

1	Purpose of the Flight (VIP / Tourist / Cargo / Ambulance / Relief / Private etc.)	
2	Whether over-flying/technical landing or landing in India for traffic purposes	
3	ATS Route(s) to be flown (including entry and exit point in Indian air-space)	
4	Complete Route itinerary of the proposed flight with dates and timings (including true origin and true destination)	
5	Arrival and departure timings at airports in India, if any	
6	Airport of last departure before entering Indian airspace and airport of first landing after leaving Indian airspace	
7	Aircraft details	
i	Type	
ii	State of Registry/Nationality	
iii	Registration	
iv	Telephony designator (Flight Number/Call sign);	
v	Whether the aircraft is capable of air-dropping (Yes/No)	
vi	Whether the maximum certified passenger seating capacity of the aircraft is more than 30 seats (Yes/No)	
vii	Whether the maximum pay-load capacity of the aircraft is more than 3 tonnes (Yes/No)	
viii	Whether the aircraft is fitted with ACAS-II/TCAS-II: (with change 7) / ACAS-I (specify) (see Note below).	
ix	Whether the maximum certified passenger seating configuration	
	a) 20 to 30 (Yes / No)	
	b) 10 to 19 (Yes / No)	
	c) Less than 10 (twin engine jet aircraft) (Yes / No)	
8	Pilot-in-Command	
i	Name	
ii	Nationality	
9	Aircraft Operator	

i	Name		
ii	Nationality		
iii	Address (with Tele/Fax Nos.)		
iv	Aircraft Operators Certificate/Permit Number, if any		
10	On board details		
i	Number of Crew		
ii	Number of passengers, if any		
iii	General Description of goods carried, if any		
Iv	Any arms, ammunition, explosives, radio-active material, war equipment or dangerous goods? If so, attach a copy of DGCA permit.		
11	Any special equipment like aerial photography, remote sensing cameras, night vision cameras on board? If so, attach a copy of DGCA permit		
12	Number of passengers or tonnage of cargo to be uplifted from and set down in India:		
13	Charterer		
i	Name		
ii	Address (With Tele/Fax Nos.)		
14	Travel/Cargo Agent in India		
i	Name		
ii	Address (With Tele/Fax Nos.)		

Certified that the information given above is correct.

(Signature of CEO / Director of Airlines /
Charter Passenger handling agent)
Authorised Agent

Date:

AUTHORISED SIGNATORY
DESIG
COMPANY / DEPARTMENT
ADDRESS
ADDRESS
TEL / FAX NO