



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
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Internacional

Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

LN 3/24.1-SA058

12 February 2014

To: Mr. Jean-Michel Boivin, Regional Director of Civil Aviation, West Indies and French Guiana  
Mr. Zulficar Mohamed, Director General, Civil Aviation Authority, Guyana  
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname  
Mr. Don Wykoff, IFALPA  
Mr. Manuel Gongora, ARINC  
Mr. Peter Cerda, LATAM/CAR, IATA  
Mr. Rafael Alonso-Nivez, Airbus  
Mr. Michael Matyas, Boeing

Subject: **RLA/06/901 – Thirteenth Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/13)  
Lima, Peru, 21 to 25 April 2014**

Actions  
required:

- a) **Take note and nominate participants no later than 21 March 2014**
- b) **Submit ICAO fellowship nomination form no later than 21 March 2014**
- c) **Prepare and send this Regional Office documentation for the meeting before 28 March 2014**

Sir,

I have the honour to address you this letter with reference to the activities of the Regional Project RLA/06/901 - *Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological CNS support.*

In this respect, the Thirteenth Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/13) will be carried out at the facilities of this Regional Office, in Lima, Peru, from 21 to 25 April 2014, and shall:

- a) analyse the progress made in the implementation of activities established in the action plan for ATFM implementation;
- b) present information on collaborative decision-making (CDM) at airports;
- c) analyse operational and technical aspects required at ATS units of the Region to accelerate ATFM as well as the necessary CDM requirements;
- d) present the progress made in the development of new SRVSOP advisory circulars related with the approval of aircraft and users for advanced RNP (A-RNP) and RNP 0.3;

- e) present the status of implementation of the action plans for AMHS interconnection, the new REDDIG II network, the implementation of the RAIM prediction availability service in support of PBN procedures, and the interconnection of automated systems (radar data exchange and automatic flight plan hand-off);
- f) present information on satellite ADS-B, as well as the implementation of quality management systems (QMS) at the AIM; and
- g) information will be presented regarding results bearing impact upon SAM/IG activities from the thirty-eighth session of the ICAO Assembly (A38), thirteenth meeting of Civil Aviation Authorities of the SAM Region (RAAC/13) and the new electronic Air Navigation Plan (e-ANP).

For a further analysis of the matters to be dealt with during this event, I am pleased to attach a draft Agenda and corresponding explanatory notes, as well as the schedule (**Attachment A**). I will highly appreciate your comments or agreement with the same. I am also attaching information paper IP/01, (**Attachment B**), which contains general information on the event, and the participants registration form (**Attachment C**).

I am, therefore, pleased to invite your Administration/Organization to participate, keeping in mind the following considerations:

The profile of participating experts is of utmost importance and should correspond to the appropriate authority levels and the referred areas, including:

- a) Air Traffic Management (ATM) authorities, planners and experts from Civil Aviation Administrations and ATS services providers, directly related with ATFM implementation and ATM automation;
- b) Authorities and experts in planning, installation and maintenance of Communications, Navigation, and Surveillance Systems, with wide experience in implementation and maintenance of automated systems, such as radar data processors, flight plans, and digital communication networks;
- c) Experts in Regulations on Operations and Airworthiness, directly related with the PBN concept;
- d) Directors, pilots, Operations and Airworthiness experts, flight dispatchers and maintenance personnel from commercial, general and military aviation operating in the SAM Region;
- e) Aerodromes and Ground Aids (AGA) authorities, planners and experts; and
- f) Experts directly involved in the AIS quality management system (QMS), provision of Electronic Terrain and Obstacle Data (e-TOD) and aeronautical information exchange model (AIXM).

I will be grateful you inform me as soon as possible whether your Administration will propose participants to the event, by sending me the list of your representatives not later than **21 March 2014**. Please note that, in order to secure simultaneous interpretation services for you, confirmation of attendance is required to be received by that date.

States who wish to attend this event could make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) Fellowships sponsored by Regional Project RLA/06/901, having two fellowships for each State participating in this project that does not count on the previous alternative, and having the interested administration to provide the air tickets to and from the host country; or
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the ICAO fellowship nomination form is also attached (**Attachment D**), and must be completed and submitted to this Office no later than **21 March 2014**.

I will highly appreciate if your Administration/Organization submits before **28 March 2014** those documents on the agenda items that may wish to present, in order to have sufficient time for their translation and edition. The documentation received after this date, should be prepared in both languages by the Administration/Organization that presents it.

Information papers will be presented in its original language only, unless their authors facilitate translated versions.

The documentation of the Workshop/Meeting as well as working and information papers will be published in the ICAO SAM Office website: <http://www.icao.int/sam>. No documentation is foreseen for distribution during the event; therefore, it is recommended that participants bring a lap-top, or print the related documentation. The event will be carried out in Spanish and English, with simultaneous interpretation services.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosure** *As indicated*

cc: Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana  
Mrs. Thelma Douglas Pinas, Permanent Secretary, Ministry of Transport, Communication and Tourism, Suriname  
Mr. Robby Venlo, acting Director of Civil Aviation, Suriname  
Mr. Brian De Souza, acting Director, CASAS, Suriname  
D/TCB/FOS/PIU, ICAO, Montreal

## **ATTACHMENT A**

### **THIRTEENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/13)**

(Lima, Peru, 21 to 25 April 2014)

#### **DRAFT AGENDA**

- Agenda Item 1: Follow up to conclusions and decisions adopted by SAM/IG meetings, results of the thirty-eighth session of the ICAO Assembly (A38) and thirteenth meeting of Civil Aviation Authorities of the SAM Region (RAAC/13) and progress made in the development of the new electronic Air Navigation Plan (e-ANP)
- Agenda Item 2: Implementation of the Air Traffic Flow Management (ATFM) and Collaborative Decision-Making (CDM)
- Agenda Item 3: Criteria and procedures for the approval of performance-based navigation operations
- Agenda Item 4: Assessment of operational requirements in order to determine the implementation of communications, navigation, and surveillance (CNS) capabilities improvement for en-route and terminal area operations
- Agenda Item 5: Operational implementation of new ATM automated systems and integration of the existing systems
- Agenda Item 6: Transition from AIS to AIM
- Agenda Item 7: Other business

## EXPLANATORY NOTES

**Agenda Item 1: Follow up to conclusions and decisions adopted by SAM/IG meetings, results of the thirty-eighth session of the ICAO Assembly (A38) and thirteenth meeting of Civil Aviation Authorities of the SAM Region (RAAC/13) and progress made in the development of the new electronic Air Navigation Plan (e-ANP)**

The Meeting will review the status of application of conclusions and decisions adopted during the Twelfth Workshop/Meeting of the SAM Implementation Group (SAM/IG/12), as well as the valid conclusions and decisions from previous SAM/IG meetings. In addition, the results and the impact of the thirty-eighth session of the ICAO Assembly (A38) (Montreal, 24 September to 4 October 2013) and of the thirteenth meeting of Civil Aviation Authorities of the SAM Region (RAAC/13) (Bogota, 4 to 6 December 2013) upon SAM/IG activities, will be presented. Finally, the Meeting will be presented with the progress made in the development of the new electronic Air Navigation Plan (e-ANP). This Agenda Item is related with all the Aviation System Block Upgrades (ASBU) methodology modules considered in the *Air Navigation System Performance-Based Air Navigation System Implementation Plan for the SAM Region (SAM PBIP)*.

**Agenda Item 2: Implementation of the Air Traffic Flow Management (ATFM) and Collaborative Decision-Making (CDM)**

Under this Agenda Item, the Meeting will follow-up on the progress made in the implementation of ATFM on the basis of the action plan drafted to this end. In addition, information will be provided to assist in the implementation of collaborative decision-making at airports (A-CDM), oriented to improve surface and air navigation safety operations, surface air traffic management, and reduce delays. A State survey will be carried out previously, to determine the main aerodromes where A-CDM implementation is required. Finally, the Meeting will analyse the operational aspects required at the ATS units of the Region to accelerate ATFM implementation, as well as the necessary CDM requirements with views to 2014 Football World Cup, as well as the progress made in the civil/military coordination and cooperation for the flexible use of airspace (FUA) as per the guide approved for the SAM Region. Related ASBUs: B0-ACDM, B0-FRTO and B0-NOPS.

**Agenda Item 3: Criteria and procedures for the approval of performance-based navigation operations**

The Meeting will be informed of the progress made in the development of new SRVSOP advisory circulars related with the approval of aircraft and users for advanced RNP (A-RNP) and RNP 0.3 operations, which will include the new criteria in Doc. 9613 – *PBN Manual*, fourth edition, 2013. Related ASBU: B0-APTA.

**Agenda Item 4: Assessment of operational requirements in order to determine the implementation of communications, navigation, and surveillance (CNS) capabilities improvement for en-route and terminal area operations**

The Meeting will analyse the status of implementation of the activities taken under consideration in the action plan for AMHS interconnection in the SAM Region, as well as the goals expected for 2014. In addition, it will analyse the results from the investigation on the causes hindering the operational interconnection between some AMHS of the Region (Conclusion SAM/IG/12-3). Also, analyses will be made regarding the regional implementation of:

- a) REDDIG II;
- b) national IP networks;
- c) RAIM availability prediction service; and
- d) initial action plan for ADS-B.

The coordinators of the GREPECAS Projects A2 - *Air Navigation Systems in Support of PBN*, C2 - *Improve ATM Situational Awareness*, D1 - *ATN Architecture*, and D2 - *ATN Ground-Ground and Ground-Air Applications*, will analyse the progress made in the carrying out of their activities, as well as of possible new activities required. Finally, the Meeting will take note of information related the new satellite ADS-B technology considered upon by the Twelfth Air Navigation Conference (AN-Conf/12) Recommendation 1/9, through a presentation to be delivered by NAV Canada. Related ASBUs: B0 FICE, B0-ASUR and B0-TBO.

**Agenda Item 5:           Operational implementation of new ATM automated systems and integration of the existing systems**

The Meeting will follow-up on the operational interconnection of automated systems in the Region since SAM/IG/12 meeting, as well as the implementation goals expected in the Region for 2014. In addition, it will take note of the results obtained and conclusions formulated at the Seminar/Workshop on Technical and Operational Aspects for the Implementation and Operation of ATC Automated Systems in the SAM Region (Sao José dos Campos, Brazil, 24 to 28 February 2014), and will be informed of the progress made regarding GREPECAS Project C1 - *Automation*. Also, the Meeting will take note of the results of the work carried out by the Regional Aviation Safety Group – Pan American (RASG-PA) regarding MID AIR collision incidents/accidents, as well as the reports of the GREPECAS Scrutiny Working Group (GTE) on Large Height Deviations (LHD) and of the risk occurrence mitigation through the interconnection of automated systems. Related ASBUs: B0-FICE, B0-SURF, B0-ASUR and B0 SNET.

**Agenda Item 6:           Transition from AIS to AIM**

Under this Agenda Item, States will inform on the progress made in the implementation of the survey on Electronic Terrain and Obstacle Data (e-TOD) in Areas 1 and 2. A list will be made of the main international airports and the runway thresholds candidates considered of priority for Area 2 e-TOD surveying. States will provide the planned implementation dates and a survey will be made to the quality management systems (QMS) implementation in the AIM. States will provide the Meeting with updated information on this subject. Related ASBU: B0-DATM.

**Agenda Item 7:           Other business**

Under this Item, the Meeting will review related subjects not discussed in the afore indicated items, and agree upon ATS letters of agreement and pending contingency plans that have not been updated versus the latest ATS routes implementation.

**TENTATIVE WORK PROGRAMME**

<b>HOUR</b>	<b>Monday 21 April 2014</b>	<b>HOUR</b>	<b>Tuesday 22 April 2014</b>	<b>Wednesday 23 April 2014</b>	<b>Thursday 24 April 2014</b>	<b>HOUR</b>	<b>Friday 25 April 2014</b>
0830 0900	Registration of participants	0830 1030	Review of Agenda Item 5 (plenary)	Ad-Hoc Groups	Ad-Hoc Groups	1000 1030	Report Review (plenary)
0900 0915	Opening of the Event						
0915 0930	<i>Coffee break</i>	1030 1045	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	1030 1100	<i>Coffee break</i>
0930 1230	Review of Agenda Items 1 and 2 (plenary)	1045 1215	Review of Agenda Items 6 and 7 (plenary)	Ad-Hoc Groups	Ad-Hoc Groups	1100 1230	Report Approval (plenary)
1230 1315	<i>Lunch break</i>	1215 1300	<i>Lunch break</i>	<i>Lunch break</i>	<i>Lunch break</i>	1230 1300	Closing of the Workshop/Meeting
1315 1400	Review of Agenda Item 3 (plenary)	1300 1400	Ad-Hoc Groups	Ad-Hoc Groups	Review of Ad-Hoc Groups Reports (plenary)		
1400 1500	Review of Agenda Item 4 (plenary)	1400 1500	Ad-Hoc Groups	Ad-Hoc Groups			

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## ATTACHMENT B



International Civil Aviation Organization

South American Regional Office

**Thirteenth Workshop/Meeting of the SAM Implementation Group**

**(SAM/IG/13) - Regional Project RLA/06/901**

Lima, Peru, 21 to 25 April 2014

SAM/IG/13-IP/01

10/02/14

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### GENERAL INFORMATION

(Presented by the Secretariat)

#### 1. **Site and dates**

The Thirteenth Workshop/Meeting of the SAM Implementation Group (SAM/IG/13) - Regional Project RLA/06/901 (Lima, Peru, 21-25 April 2014) will be conducted in the ICAO South American (SAM) Regional Offices premises in Lima, Peru. Since we count with two conference rooms, it will be appreciated that upon arriving in the Office, you verify where the event will take place – floor 3 or 4.

#### 2. **Coordinators**

Mr. Onofrio Smarrelli  
ICAO SAM Regional Office  
Tel: +511 611-8686  
Fax: +511 611-8689  
E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)  
[osmarrelli@icao.int](mailto:osmarrelli@icao.int)

Mr. Roberto Arca  
ICAO SAM Regional Office  
Tel: +511 611-8686  
Fax: +511 611-8689  
E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)  
[rarca@icao.int](mailto:rarca@icao.int)

#### 3. **Participants Registration**

Participants should register on Monday, 21 April 2014, from 08:30 to 09:00 hours.

#### 4. **General information**

Found in the “*General Information*”, “*List of Hotels*” and “*Weather*” sections in the ICAO SAM Regional Office website, <http://www.icao.int/sam> (left panel, under South American (SAM) Office).

#### 5. **Documentation**

The documentation will be posted on the ICAO SAM Regional Office website, <http://www.icao.int/sam>, *Meetings*. Participants should check our website frequently to download the documentation. All participants must bring their own set of documentation (hard copy or electronically in a laptop) to the meeting venue; there will be no hard copies available for distribution.

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ADJUNTO C / ATTACHMENT C

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL  
INTERNATIONAL CIVIL AVIATION ORGANIZATION

RLA/06/901 Regional Project / Proyecto Regional RLA/06/901

DECIMO TERCER TALLER/REUNIÓN DEL GRUPO DE IMPLANTACIÓN SAM (SAM/IG/13)  
THIRTEENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/13)

Lima, Perú, 21 al 25 de abril de 2014/ Lima, Peru, 21 to 25 April 2014

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

1. Estado/*State*:  
Organismo/*Organization*: \_\_\_\_\_

2. Nombre/*Name*: \_\_\_\_\_

3. Cargo/*Position*: \_\_\_\_\_

4. Participa como / *Participates as*:

Miembro/  Alternativo/  Delegado/  Observador  Ponente/  Instructor/  Alumno/   
*Member Deputy Delegate Observer Lecturer Instructor Student*

5. Dirección oficial /  
*Business address*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Hotel o dirección en  
la ciudad/ *Hotel or*  
*local address*: \_\_\_\_\_

8. Información de vuelo/ *Flight information*: Vuelo llegada/ fecha/ hora/  
*Arrival flight/ date/ hour*: \_\_\_\_\_

Vuelo salida/ fecha/ hora/  
*Departure flight/ date/ hour*: \_\_\_\_\_

Firma/  
*Signature*: \_\_\_\_\_ Fecha/  
*Date*: \_\_\_\_\_

# ATTACHMENT D



## INTERNATIONAL CIVIL AVIATION ORGANIZATION TECHNICAL COOPERATION BUREAU

### GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

*(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)*

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

#### PART I – NOMINATION BY GOVERNMENT

Please note the following:

*Paragraph 1* should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

*Paragraph 2* should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

*Paragraph 4.* The objectives of the Fellowship should be stated concisely and accurately.

#### PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

#### PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

*Please see reverse side for additional information*

## ATTACHMENT D

### PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**NOTE:** Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

**PART I – NOMINATION BY GOVERNMENT**

The Government of \_\_\_\_\_ hereby:

1. Nominates: Mr./Mrs./Ms.\* \_\_\_\_\_  
(family name) (first name) (middle name)

for an ICAO fellowship in the field of \_\_\_\_\_

(Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	
<b>Total duration</b>					

**NOTE:** The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

\*Delete that which is not applicable.

INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM

PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:  
(Check as appropriate and insert project number)

- UNDP Country Programme Project No.: \_\_\_\_\_ Post No.: \_\_\_\_\_
- UNDP Regional Programme Project No.: \_\_\_\_\_
- UNDP Interregional Programme Project No.: \_\_\_\_\_
- Trust Funds agreement with ICAO Project No.: \_\_\_\_\_

4. Declares that the objectives of this fellowship are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. With respect to the nominee's transportation to and from host country(ies), agrees that:

- Will assume costs
- Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of \_\_\_\_ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

\_\_\_\_\_  
Signature of Civil Aviation Authority

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(type or print)

Title: \_\_\_\_\_  
AFFIX OFFICIAL SEAL OR STAMP

OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:
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4. Private address (for mailing purposes):

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

5. Name and address of person to be notified in case of emergency (other than the government authorities):

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

6. Language ability:

a) Mother tongue \_\_\_\_\_

b) Language/s used in Primary and Secondary school \_\_\_\_\_

c) Other language/s of which nominee has a working knowledge \_\_\_\_\_

d) Language/s to be used in proposed fellowship programme \_\_\_\_\_

7. School education record:

Name, Town, Country of School/s	Period		Grade completed and certificate acquired
	from	to	

8. College/university education record:

(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)

Name of college/university	Subject/s studied	Period		Degree /Diploma acquired
		from	to	

9. Technical and/or specialized training record:

(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)

Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired
		from	to		

**ATTACHMENT D**

Form 602  
(Rev. 8/10)  
Page 4 of 8

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART II – cont’d**

10. Employment record:  
(Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee’s statement:

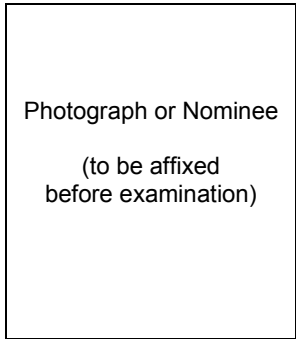
- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
  - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
  - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
  - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
  - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
  - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: \_\_\_\_\_

\_\_\_\_\_  
Nominee’s Signature





**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART IV - A – MEDICAL REPORT**

**Notes:**

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. \_\_\_\_\_ having completed the medical examination of nominee Mr./Mrs./Ms.\* \_\_\_\_\_ whose photograph appears above, certifies the following:

(Check as appropriate)

**The Nominee:**

1. Is physically able to travel abroad? \_\_\_\_\_
2. Is mentally and physically able to carry out intensive studies? \_\_\_\_\_
3. Is free from infectious diseases? \_\_\_\_\_
4. Has good hearing? \_\_\_\_\_
5. Has good eyesight? \_\_\_\_\_
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? \_\_\_\_\_

	Yes	No

Additional comments by Medical Practitioner:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
\*Delete that which is not applicable

AFFIX OFFICIAL SEAL OR STAMP  
(to be affixed across photograph also)

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

<b>PART IV - B - MEDICAL REPORT</b>																																																																																			
FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE																																																																																			
Place and date of examination																																																																																			
Full name		Nationality		Sex	M <input type="checkbox"/> F <input type="checkbox"/>																																																																														
Date of birth			Marital status																																																																																
Type of license to be trained for:		Other:																																																																																	
Initial <input type="checkbox"/>		PP <input type="checkbox"/>																																																																																	
ATCO <input type="checkbox"/>		CP <input type="checkbox"/>																																																																																	
Have you previously been examined for flight crew or air traffic control duties?		Yes <input type="checkbox"/> If yes, when and where? No <input type="checkbox"/>		Were you declared: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>																																																																															
Has a "medical waiver" ever been issued to you?		Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																	
Flight time: Total		Last six months:																																																																																	
Type of aircraft presently flown		Jet <input type="checkbox"/>		Prop <input type="checkbox"/> Helicopter <input type="checkbox"/>																																																																															
Have you had any aviation accidents?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, elaborate under Remarks																																																																															
<p><b>MEDICAL HISTORY</b> Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:5%;">Yes</th> <th style="width:5%;">No</th> <th style="width:70%;"></th> <th style="width:5%;">Yes</th> <th style="width:5%;">No</th> </tr> </thead> <tbody> <tr> <td>Frequent or severe headaches</td> <td></td> <td></td> <td>Nervous trouble of any kind</td> <td></td> <td></td> </tr> <tr> <td>Dizziness or fainting spells</td> <td></td> <td></td> <td>Any drug or narcotic habit</td> <td></td> <td></td> </tr> <tr> <td>Unconsciousness for any reason</td> <td></td> <td></td> <td>Excessive drinking habit</td> <td></td> <td></td> </tr> <tr> <td>Eye trouble except glasses</td> <td></td> <td></td> <td>Attempted suicide</td> <td></td> <td></td> </tr> <tr> <td>Hay fever</td> <td></td> <td></td> <td>Motion sickness requiring drugs</td> <td></td> <td></td> </tr> <tr> <td>Asthma</td> <td></td> <td></td> <td>Rejection for life insurance</td> <td></td> <td></td> </tr> <tr> <td>Heart trouble</td> <td></td> <td></td> <td>Admission to hospital in the last two years</td> <td></td> <td></td> </tr> <tr> <td>High or low blood pressure</td> <td></td> <td></td> <td>Record of traffic convictions</td> <td></td> <td></td> </tr> <tr> <td>Stomach trouble</td> <td></td> <td></td> <td>Record of other convictions</td> <td></td> <td></td> </tr> <tr> <td>Kidney stone or blood in urine</td> <td></td> <td></td> <td>Gynecological / Obstetrical conditions</td> <td></td> <td></td> </tr> <tr> <td>Sugar or albumin in urine</td> <td></td> <td></td> <td>Other illnesses</td> <td></td> <td></td> </tr> <tr> <td>Epilepsy or fits</td> <td></td> <td></td> <td>Are you in good physical and mental health as far as you know and believe?</td> <td></td> <td></td> </tr> </tbody> </table>							Yes	No		Yes	No	Frequent or severe headaches			Nervous trouble of any kind			Dizziness or fainting spells			Any drug or narcotic habit			Unconsciousness for any reason			Excessive drinking habit			Eye trouble except glasses			Attempted suicide			Hay fever			Motion sickness requiring drugs			Asthma			Rejection for life insurance			Heart trouble			Admission to hospital in the last two years			High or low blood pressure			Record of traffic convictions			Stomach trouble			Record of other convictions			Kidney stone or blood in urine			Gynecological / Obstetrical conditions			Sugar or albumin in urine			Other illnesses			Epilepsy or fits			Are you in good physical and mental health as far as you know and believe?		
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Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/>																																																																															
				Tuberculosis <input type="checkbox"/> ?																																																																															
REMARKS																																																																																			
<p><b>NOMINEE'S DECLARATION:</b> I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.</p>																																																																																			
Signature of Nominee: _____			Date: _____																																																																																

# ATTACHMENT D

Form 602  
(Rev. 8/10)  
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## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

### PART IV - B - cont'd

(Every nominee must undergo a complete medical examination, conducted by a designated medical examiner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. THIS PAGE TO BE COMPLETED BY MEDICAL EXAMINER.)

Height	Weight	Build - Slender <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Obese <input type="checkbox"/>		
		Normal	Abnormal		Normal	Abnormal	
Head, face, neck and scalp				Vascular system			
Nose				Abdomen and viscera (including hernia)			
Sinuses				Anus and rectum (hemorrhoids, fistula, prostate)			
Mouth and throat				Endocrine system			
Ears, general (int. & ext. canals)				G-U system			
Drums (perforation)				Upper and lower extremities (strength, range of motion)			
Eyes, general				Spine, other musculoskeletal			
Ophthalmoscopic				Identifying body marks, scars, tattoos			
Pupils (equality and reaction)				Skin and lymphatics			
Ocular mobility (associated parallel movement, nystagmus)				Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)			
Lungs and chest (including breasts)				Psychiatric (specify any personality deviation)			
Heart (thrust, size, rhythm, sounds)				General systemic			
Blood pressure	Systolic	}	sitting		Distant vision:		
	Diastolic				Right eye:	20/	Corrected to 20/
	Systolic	}	recumbent		Left eye:	20/	
	Diastolic				Both eyes:	20/	Corrected to 20/
Pulse: sitting					Near vision	N Chart value:	
					Intermediate vision	N Chart value:	
	Hearing	Audiometry				Normal	Abnormal
	cv	wv	500	1000	2000	3000	
Right ear	ft	ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left ear	ft	ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LABORATORY EXAMINATIONS</b>							
Urinalysis	Sugar			Albumin		Blood analysis:	
Microscopic:						Sedimentation rate	
ECG	<input type="checkbox"/> Normal			<input type="checkbox"/> Abnormal		Chest X-ray <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Summary (Abnormal findings, remarks and recommendations)							
Nominee is/is not* medically fit for flight crew/air traffic control* duties							
<b>MEDICAL EXAMINER'S DECLARATION</b>							
I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.							
Date and place of examination				Aviation medical examiner's signature			
NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – <i>Personnel Licensing</i> .							
<hr style="width: 20%; margin-left: 0;"/> <p>*Delete that which is not applicable</p>							