



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
internationale

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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-SA5124

Lima, 13 March 2017

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana  
Lt. Col. Egbert Field, Guyana Civil Aviation Authority  
Mr. Jerry Miranda, Ministry of Public Works, Suriname

Subject: **RLA/06/901 – Nineteenth Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/19)**  
Lima, Peru, 22 to 26 May 2017

Actions  
required:

- a) Take note and nominate participants no later than **28 April 2017**
- b) Submit ICAO fellowship nomination form no later than **21 April 2017**
- c) Prepare and send this Regional Office documentation for the meeting before **3 May 2017**

Sir/Madam,

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 Nineteenth Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/19) will be carried out at the facilities of this Regional Office, in Lima, Peru, from 22 to 26 May 2017.

This Meeting is aimed to assess the implementation and performance of services, procedures and equipment in the SAM Region for the improvements to the efficiency of air navigation capacity in the SAM Region, considered in the SAM Regional performance-based air navigation implementation plan aligned with the *aviation system block upgrades* (ASBUs).

The implementation and performance of PBN, ATFM, AMHS and AIDC interconnections, SAM Regional ATN (REDDIG II), ATM automation and the surveillance data exchange, have been the priorities of the air navigation implementation for the period 2014-2016 (Declaration of Bogota).

Substantial progress has been accomplished in the implementation of PBN for operations on route and approach fulfilling entirely the goals of implementation in the period 2014-2016. However the remaining implementation priorities have not been implemented in full even when progress has been made, therefore they have been rescheduled for the period 2017-2019 together with new priorities such as the longitudinal reduction of separations between aircraft, SWIM, ADS B, continental CPDLC, ACDM, OPMET in XML format, and others to deal with the high rate of growth in the air transport field, the bottlenecks that hinder the sustainability of growth in air transport, the increase in connectivity and continuous improvement in safety.

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 tentative work programme (**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, as well as the participants registration form (**Attachment C**).

I am therefore pleased to invite your Administration/Organization to participate in this event, by sending to this Regional Office the list of your representatives if possible, **not later than 28 April 2017**, 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;
- b) Specialists in installation, maintenance and operation of automation systems in ATS units in particular AIDC application;
- c) 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;
- d) Directors, pilots, flight dispatchers and maintenance personnel from commercial, general and military aviation operating in the SAM Region.

In order to achieve the expected results, it is important that each State reports for the meeting the progress in each of the activities considered in the Agenda items of this meeting and regarding any activity established in the action plans and related projects, through working papers or information papers. In this sense kindly forward to this Regional Office, said information no later than **3 May 2017**. **Documents that could not be sent until that date must be provided in both languages** (English and Spanish) by the Administration/Organization that presents them.

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

- a) Fellowships sponsored by Regional Project RLA/06/901, having two fellowships for each member State of this Project, having the interested administration to provide the air tickets to and from the host country to both participants;
- b) Fellowships from a national ICAO Technical Cooperation Project approved by your State; or
- c) Own resources of your Administration, in the lack of any of the previous alternatives.

For participants who require a fellowship from Project RLA/06/901, the ICAO fellowship nomination form is also attached (**Attachment D**), and must be completed and submitted to this Office no later than **21 April 2017**.

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

The documentation of the event 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.

Please be aware that the event will be carried out in Spanish **with simultaneous interpretation services in English only if confirmation of English speaking States participants is received in this Regional Office no later than 28 April 2017.**

Accept, Sir/Madam, the assurances of my highest consideration.



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosure**

*As indicated*

cc: Mr. Claude Miquel, Deputy Director of Civil Aviation, West Indies and French Guiana  
Mr. Jerome Journet, Head of French ATM services, West Indies and French Guiana  
Mr. Jean-Michel Pubellier, Deputy Head ATM services, West Indies and French Guiana  
Dr. Joyce Blokland-Wijnstein, Permanent Secretary, Directorate of Transport and Communication, Suriname  
Mr. Faizel Baarn, Head of Civil Aviation Department, Suriname  
Mr. Brian De Souza, Director, CASAS, Suriname  
Mr. Marcus Doller, Air Safety Support Intl. (ASSI), United Kingdom  
Mr. Bruce D'Ancey, Policy Specialist, Flight Ops, Air Safety Support International (ASSI), United Kingdom  
D/TCB/FOS/PIU, ICAO, Montreal

**ATTACHMENT A**

**REGIONAL PROJECT RLA/06/901**

**NINETEENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP  
(SAM/IG/19)**

(Lima, Peru, 22 to 26 May 2017)

**DRAFT AGENDA**

- Agenda Item 1: Follow-up to conclusions and decisions adopted by SAM/IG meetings and tasks for the States regarding the new Electronic Air Navigation Plan (eANP) and the Plan SAM
- Agenda Item 2: Optimization of the SAM airspace.
- a) PBN en-routes.
  - b) PBN in Terminal Areas.
  - c) PBN proceedings.
- Agenda Item 3: Implementation of Air Traffic Flow Management (ATFM).
- a) Procedures for coordination between FMP/FMP
  - b) Analysis of the use of RPL
- Agenda Item 4: Assessment of operational requirements to determine the implementation of improvements in communications, navigation and surveillance (CNS) capabilities for operations in route and terminal area.
- Agenda Item 5: Operational implementation of new ATM automated systems and integration of the existing systems.
- Agenda Item 6: Other business.

## EXPLANATORY NOTES

**Agenda Item 1: Follow-up to conclusions and decisions adopted by SAM/IG meetings and tasks for the States regarding the new Electronic Air Navigation Plan (eANP)**

The Meeting will review the status of application of conclusions and decisions adopted during the Eighteenth Workshop/Meeting of the SAM Implementation Group (SAM/IG/18), as well as the valid conclusions and decisions from previous SAM/IG meetings. Also will be presented the progress regarding the development of the new electronic Air Navigation Plan (eANP) and the activities for the implementation of the Regional Plan for the sustainability of air transport in the SAM Region (Plan SAM) management tool that will support the decision-making of States to ensure the sustainable development of air transport in the next years (to 2035) and contribute in this way with many of the objectives of sustainable development (SDG) established by the United Nations to ensure the prosperity of human beings and the protection of the environment.

**Agenda Item 2: Optimization of the SAM airspace**

- a) **PBN en-routes**
- b) **PBN in Terminal Areas**
- c) **PBN proceedings**

Under this Agenda Item, the Meeting will discuss the progress in the implementation of the Action Plan for the Optimization of Airspace presented in Appendix B of Agenda Item 3 of the SAM/IG/14 Meeting report. States should present for its analysis the status of development of the PBN design of TMA and/or other airspaces chosen by the SAM States. According to Conclusion SAM/IG/14-4 (*Follow-up of the PBN goals established in the Bogota Declaration*) States are expected to present the status of SID and STAR PBN, as well as the implementation of the APV Approach Procedures, with a view to achieving the goals of the Bogota Declaration. To carry out these activities, the check-list of control of PBN implementation which was reviewed and validated in the SAM/IG/18 meeting will be applied. States can take advantage of this meeting to update their operational letters of agreement (LOAs). Related ASBU: B0-APTA, B0-FRTO, B0-CDO, B0-CCO.

**Agenda Item 3: Implementation of Air Traffic Flow Management (ATFM)**

Under this Agenda Item, the Meeting will follow-up and review the implementation of ATFM based on the action plan presented on Appendix B of Agenda Item 3 of SAM/IG/18 meeting report. In this order, having completed the implementation of two-thirds of the FMU/FMP facilities provided for in the Declaration of Bogota, it is necessary to emphasize the operational activities of these units/posts, as well as the implementation of coordination protocols, with the signing of agreements between the authorities concerned. It is also necessary to evaluate the efficient application of repetitive flight plans (RPL), considering that some discrepancies of the RPL with regard to flow management has been identified. The Meeting will analyse the practices used by the States in the application of ATFM measures. ASBUs related: B0-ACDM, RESQ-B0, B0-FRTO and B0-NOPS.

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

The Meeting will analyse the progress in the status of implementation of the activities referred to in the Action Plan for the Interconnection of Systems AMHS in the SAM. On this respect States are expected to report the activities carried out for the AMHS implementation as well as the planning to complete it. At the same time, the meeting will be informed on progress in activities regarding following GREPECAS projects and the necessary requirements for its fulfilment will be presented: Projects C2– *Improve ATM Situational Awareness*; D1 *Architecture of the ATN*; and D2 - *ATN Ground-Ground and Ground-Air Applications*. Related ASBUs: B0-FICE, B0 ASUR and B0-APTA.

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

The Meeting will analyse the results of the third AIDC implementation meeting (Lima, Peru, 24 to 26 April 2017), the availability of flight plans in the Region, the AIDC performance, the follow-up to the action plan for the implementation of the AIDC and the progress of the AIDC implementation since SAM/IG/18 meeting. States are expected to report the activities carried out for the implementation of the AIDC interconnection as well as the action plan to complete such implementation. Related ASBU: B0-FICE.

**Agenda Item 6:           Other business**

Under this Item, the Meeting will review related subjects not discussed in the afore indicated Agenda items.

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**TENTATIVE WORK PROGRAMME**

<b>HOUR</b>	<b>Monday 22 May 2017</b>	<b>HOUR</b>	<b>Tuesday 23 May 2017</b>	<b>Wednesday 24 May 2017</b>	<b>Thursday 25 May 2017</b>	<b>HOUR</b>	<b>Friday 26 May 2017</b>
0830 0900	Registration of participants	0900 1030	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	1000 1030	Report review (plenary)
0900 0915	Opening of the event						
0915 1030	Review of Agenda Items 1 and 2 (plenary)						
1030 1045	<b><i>Coffee break</i></b>	1030 1045	<b><i>Coffee break</i></b>	<b><i>Coffee break</i></b>	<b><i>Coffee break</i></b>	1030 1100	<b><i>Coffee break</i></b>
1045 1215	Review of Agenda Items 3 and 4 (plenary)	1045 1215	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	1100 1230	Report approval (plenary)
1215 1300	<b><i>Lunch break</i></b>	1215 1300	<b><i>Lunch break</i></b>	<b><i>Lunch break</i></b>	<b><i>Lunch break</i></b>	1230 1300	Closing of the Workshop/Meeting
1300 1400	Review of Agenda Items 3 and 4 (plenary) (cont.)	1300 1400	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	Review of <i>Ad-hoc</i> groups reports (plenary)		
1400 1500	Review of Agenda Items 5 and 6 (plenary)	1400 1500	<i>Ad-hoc</i> groups	<i>Ad-hoc</i> groups	Review of <i>Ad-hoc</i> groups reports (plenary)		

## ATTACHMENT B



International Civil Aviation Organization

South American Regional Office

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

**(SAM/IG/19) - Regional Project RLA/06/901**

Lima, Peru, 22 to 26 May 2017

SAM/IG/19-IP/01

09/03/17

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### GENERAL INFORMATION

(Presented by the Secretariat)

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

The Nineteenth Workshop/Meeting of the SAM Implementation Group (SAM/IG/19) - Regional Project RLA/06/901 (Lima, Peru, 22 to 26 May 2017) 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. Fernando Hermoza  
ICAO SAM Regional Office  
Tel: +511 611-8686  
Fax: +511 611-8689  
E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)  
[fhermoza@icao.int](mailto:fhermoza@icao.int)

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

Participants should register on Monday, 22 May 2017, 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 NOVENO TALLER/REUNIÓN DEL GRUPO DE IMPLANTACIÓN SAM  
NINETEENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP  
(SAM/IG/19)

Lima, Perú, 22 al 26 de mayo de 2017 / Lima, Peru, 22 to 26 May 2017

**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:* \_\_\_\_\_

***Please return this form to: / Por favor envíe este formulario a: E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)***

# 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	
Total duration					

**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 III – LANGUAGE TEST**

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: \_\_\_\_\_

Nominee's name: Mr./Mrs./Ms.\*: \_\_\_\_\_

Language for which test was set: \_\_\_\_\_

**RESULTS**

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed.
- b) Understands nearly everything at normal speed although occasional repetition may be necessary.
- c) Understands almost everything if addressed slowly and carefully.
- d) Requires frequent repetition and/or translation of words and phrases.
- e) Does not understand even the simplest conversation.

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible.
- b) Occasionally makes errors which do not, however, obscure meaning.
- c) Makes frequent errors which occasionally obscure meaning.
- d) Speaks with so much difficulty that comprehension is difficult.
- e) Errors in speech so severe as to make comprehension virtually impossible.

3. Reading:

- a) Reads fluently with full comprehension.
- b) Reads slowly but understands almost everything he/she reads.
- c) Reads with difficulty; often consults the dictionary.
- d) Cannot understand what he/she reads.

4. Writing:

- a) Writes with ease and accuracy.
- b) Writes with few mistakes; can be understood.
- c) Writes with difficulty and makes frequent mistakes.
- d) Cannot write.

**CONCLUDING REMARKS**

Would this person be able to follow a technical course in this language?  Yes  No

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

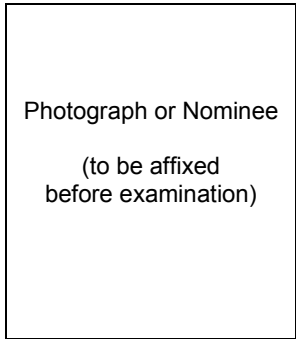
\_\_\_\_\_  
Signature of examiner

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

\_\_\_\_\_

AFFIX OFFICIAL SEAL OR STAMP

\*Delete that which is not applicable



**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: Initial <input type="checkbox"/> PP <input type="checkbox"/> Other: _____ 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					
<b>MEDICAL HISTORY</b> Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
	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?		
Is there any family history of: Diabetes <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ?					
REMARKS					
NOMINEE'S DECLARATION: 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.					
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/                      Corrected to 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      vv	500	1000	2000	3000		
Right ear	ft      ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colour vision	
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>							