INDIAN MILITARY TECHNICAL AIRWORTHINESS REQUIREMENTS FORMS

IMTAR FORMS



Centre for Military Airworthiness and Certification



Directorate General of Aeronautical Quality Assurance

MINISTRY OF DEFENCE GOVT. OF INDIA

EDITION NUMBER	1.0		
DATE	FEBRUARY 2021		

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FOREWORD

The activities in the design, development and production of military aircraft and airborne stores have so far been regulated largely by the Ministry of Defence document DDPMAS which was first released in 1975 and later revised in 2002.

The last two decades have seen rapid advancements in Indian Military Aeronautical scenario, with significant expansion in the design, development and production activities. In the recent past there has also been increasing ascent on self-reliance, indigenization activities by Public Sector Undertakings, Private entrepreneurs and small scale industries in-line with the Make-in-India Policy of the Government.

The stakeholders comprising of Government Organisations, Public Sector Undertakings, Industry, User Services, Private Industries and the Regulatory Authorities have joined together to revise this document to make it current and more appropriate to meet the changing military aviation scenario of the country.

The efforts have resulted in making the present DDPMAS document contemporary, facilitating private industry participation and make-in-India policy, presenting it in a clear, structured, coherent and a hierarchical manner comprising of Framework and Procedure, Requirements and Manuals, thereby making it process dependent and in-line with the international practice.

This document IMTAR Forms is a part of the Manuals, to facilitate the stakeholders in implementing the technical procedures and requirements leading to the issuance of Airworthiness related clearances from the Technical Airworthiness Authorities.

This IMTAR Forms document needs to be read in conjunction with the DDPMAS and the IMTAR-21 document. The DDPMAS, IMTAR-21 and IMTAR Forms Document together supersede DDPMAS 2002.

IMTAR Forms document is conceived to be a live document with provisions for updates. The amendments to the Forms will be issued formally by the respective Controlling authority i.e CEMILAC & DGAQA.

Compliance to the requirements in the Regulations shall be through the appropriate forms brought out in this document.

01-02-2021

(Sanjay Chawla) DG, DGAQA Dated: 0] February 2021

(APVS Prasad) CE(A), CEMILAC Dated: 23February 2021



INTRODUCTION

The DDPMAS document is presented in a structured, coherent and a hierarchical manner, comprising of Procedure, Requirements and Manuals. The DDPMAS Procedure document defines roles, responsibilities and empowerment of stakeholders to address airworthiness in various scenarios and facets of the Air System and airborne stores life cycle. The requirements are captured in IMTAR-21 document, which brings out the technical airworthiness requirements for technical airworthiness, that have to be followed to ensure airworthiness. Manuals serve to facilitate the stakeholders while implementing the requirements and seeking for necessary approvals and clearances from the airworthiness authorities. Manuals encompasses but is not limited to Forms, Templates, Airworthiness Certification Criteria, Airworthiness Circulars and Directives.

This document, IMTAR Forms is a part of the Manuals, that brings out the Forms that needs to be utilized by the stakeholder/applicant while complying to the appropriate regulations of the IMTAR-21 document before seeking airworthiness clearances from the airworthiness authorities.

The Forms are mapped to the corresponding Subpart of the IMTAR-21 document to facilitate traceability to the applicable requirement and its compliance. The same is also provided in Index of IMTAR Forms.

It is to be noted that IMTAR FORMS are meant to serve as guidelines, and can be adapted based on the application and nature of the Project.

IMTAR Forms document is conceived to be a live document with provisions for updates. The amendments will be issued formally by CEMILAC & DGAQA as per the Procedure for amendment.



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PROCEDURE FOR AMENDMENT

Any agency can propose an amendment to IMTAR Forms. Proposals for amendments should be sent to JAC at CEMILAC. The proposals shall be discussed among CEMILAC & DGAQA and amendments issued, if found necessary.

The amendments will be serially numbered. Incorporation of an amendment in the respective Forms to be recorded by inserting the modified Form Version number with the reasons for amendments, inserting the date of making the amendments and signing in the appropriate column as given in the Amendment Record Sheet. The copy of the amendment Record sheet along with the modified Forms will be made available to the stakeholders.

IMTAR Forms document is provided with an Edition Number x.y and each individual Form is provided with a Form Version Number a.b for the amendment Control and Configuration management of the IMTAR Forms document.

Edition number x.y shall be controlled in a manner that y shall be incremented as and when any Form version number is getting changed and in case of addition of any new Forms or deletion of any existing Forms. Variable x will be incremented as and when required by CEMILAC & DGAQA.

Form Version Number a.b shall be controlled in a manner that b will be serially incremented for any type of amendments in the respective Forms and a will be incremented only when the higher Edition number x of the IMTAR Forms document is getting changed.

Amendment Record Sheet							
Sl. No	Edition No of IMTAR form	Amended Form Numbers with Form version number	Details of Amendment/ Reason for amendment.	Form Ver Number	Date of/ Amendment	Signature of Competent Authority	

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SI.	Form Number	Form Name	Version	Reference of IMTAP 21 Section
INO.			number	IWIAK-21 Section
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61	Form – 45B	Special Technical Instructions (STI)	V1.0	Subpart L, 21.L.3
62	Form – 45C	Urgent Operating Notice (UON)	V1.0	Subpart L, 21.L.3
63	Form – 50	Application for Production Organisation V1.0		Subpart G2, 21.G2.1
64	Form – 51	Application for Significant Changes or Variation of Scope and Terms of Organisation Approval	V1.0	Subpart G2, 21.G2.5
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74	Form – 100B	Flight Clearance Certificate for Helicopter	V1.0	Subpart P, 21.P.10
75	Form – 101	Flight Program Clearance Memo (FPCM)	V1.0	Subpart P, 21.P.10
76	Form – 1090	Certificate of Safety for Flight	V0.0	Subpart P, 21.P.10, 21.P.4

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FORM - 1 AUTHORISED RELEASE NOTE CERTIFICATE

In a	ccordanc	e with IMTAR-	21, Subpart H, 2	21.H.2					
1. DGAQA Approval Ref No. 2. AUTHORISED RELEASE NOTE						3. Release Note No.			
	Date:		AFQN	AFQMS(F) – 1002					
	Valid up	to:					1.		
4.	Consignation address:	or Organization	Name and	5. Consignaddress:	ee name an	1	6. Suj	pply order / (mber:	Contract / Work order
7.	Item:	8. Descr- iption:	9. Part Number:	10. Specifi- cation	11. Quantity:			12. Identification mark of Inspector's	
					Qty on order	Acct. Unit	Qty tender	Total Qty Accepted Till date	13. Package, Marking & Remarks
14.	14. This certificate is issued under the approval granted by Director General of Aeronautical Assurance, Ministry of Defence, Govt. of India, New Delhi. It is certified that whole of the above mentioned material / goods / components manufactured / repaired / overhauled / serviced have been inspected and tested as per approved drawings / specifications and unless otherwise stated, confirm in all respect to the specifications in the contract / order referred Verified by (Authorised Release Note Signatory) (Amroved Inspector)								
It is	With name, Inspection stamp and date User / Installer Responsibilities It is important to understand that the existence of the document alone does not automatically constitute authority to								

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021
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FORM - 2 APPLICATION FOR MAINTENANCE ORGANISATION APPROVAL

In accordance with IMTAR-21, Subpart G3, 21.G3.4

Note: This Form to be provided along with Form F1001, Appendix A of AFQMS 2018, Issue-II

	DIRECTORATE GENERAL OF	AERONAUTICAL QUALITY
	ASSURANCE (DGAQA), GO	OVERNMENT OF INDIA ,
	MINISTRY OF DEFENCE, 'H'	BLOCK, NEW DELHI-110011
1.	Registered name and address of the organisation	
2.	Trade name (if different)	
3.	Locations for which the approval is applied for	
4.	Brief summary of proposed activities at the Block 3 address	ses
	a) General	
	b) Scope of approval	
	c) Nature of privileges	
5.	Description of organisation	
6.	Links/arrangements with design approval holder(s)/design organization (s) where different from Block 1	
7.	Approximate number of staff engaged or intended to be engaged in the activities	
8.	Position and name of the Accountable Manager	
9.	Details of Management Personnel To be filled and Submitted in Form 4 by the Individual.	
	Date	Signature of the Accountable Manager

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM - 2 APPLICATION FOR MAINTENANCE ORGANISATION APPROVAL

Guidelines for Completion of the IMTAR Form 2

Block 1: Registered name and address of the organisation

The name of the organisation must be entered as stated in the register of the Companies Registration Office. For the initial application a copy of the entry in the register of the Companies Registration Office must be provided to the competent authority.

Block 2: Trade name (if different)

State the trade name by which the organisation is known to the public if different from the information given in Block 1. The use of a logo may be indicated in this Block.

Block 3: Locations for which the approval is applied for

State all locations for which the approval is applied for. Only those locations must be stated that are directly under the control of the legal entity stated in Block 1.

Block 4: Brief summary of proposed activities at the item 3 addresses

This Block must include further details of the activities under the approval for the addresses indicated in Block 3. The Block 'General' must include overall information, while the Block 'Scope of approval' must address the scope of work and products/categories following the principles laid down in IMTAR-21. The Block 'nature of privileges' must indicate the requested privileges as defined in IMTAR 21.

Block 5: Description of Organisation

This Block must state a summary of the organisation with reference to the outline of the production organisation exposition, including the organisational structure, functions and responsibilities. The nomination of the responsible managers in accordance with IMTAR 21 must be included as far as possible

Block 6: Links/arrangements with design approval holder(s)/design organisation(s) where different from 1

The information entered here is essential ascertaining the flow of relevant technical information and for the evaluation of eligibility of the application. Therefore special attention must be given concerning the completion of this Block either directly or by reference to supporting documentation in relation to the requirements of IMTAR 21.

Block 7: Approximate number of staff engaged or intended to be engaged in the activities

The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrative staff.

Block 8: Position and name of the Accountable Manager

State the position and name of the Accountable Manager

Block 9: Details of Management Personnel:

State the name and qualification details of the Accountable Manager (AM) and Quality Department Head (QDH) in Form 4.

Edition Number: 1.0 Form Ver	ion Number: 1.0 Date: January 2021
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In accordance with IMTAR-21, Subpart G3, 21.G3.4

Note: This Form to be provided along with Form F1001, Appendix A of AFQMS 2018, Issue-II

DIRECTORATE GENERAL OF AERONAUTICAL QUALITY ASSURANCE (DGAQA) GOVERNMENT OF INDIA, MINISTRY OF DEFENCE 'H' BLOCK, NEW DELHI-110011

1.	Name and address of the Approval holder	
2.	Approval reference number	
3.	Locations for which changes in the terms of approval are requested	
4.	Brief summary of proposed changes to the activities at the l	Block 3 addresses
a)	General	
b)	Scope of approval	
c)	Nature of privileges	
5.	Description of organisational changes	
6.	Position and name of the Accountable Manager or nominee	
	Date	Signature of the Accountable Manager (or nominee)

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



Guidelines for Completion of the Form - IMTAR Form 2A

Block 1: Name and address of the Organisation Approval holder

The name must be entered as written on the current approval certificate. Where a change in the name is to be announced state the old name and address here, while using Block 5 for the information about the new name and address. The change of name and/or address must be supported by evidence, e.g. by a copy of the entry in the register of companies.

Block 2: Approval reference number

State the current approval reference number.

Block 3: Locations for which changes in the terms of approval are requested

State the locations for which changes in the terms of approval are requested or state 'not applicable' if no change is to be anticipated here.

Block 4: Brief summary of proposed changes to the activities at the item 3 addresses

This Block should include further details for the variation of the scope of approval for the addresses indicated in Block 3. The Block 'General' must include overall information for the change (including changes e.g. in workforce, facilities etc.), while the Block 'Scope of approval' must address the change in the scope of work and products/categories following the principles laid down in the IMTAR 21. The Block 'nature of privileges' must indicate a change in the privileges as defined in IMTAR 21. State 'not applicable' if no change is anticipated here.

Block 5: Description of organisational changes

This Block must state the changes to the organisation as defined in the current production organisation exposition, including changes the organisational structure, functions and responsibilities. This Block must therefore also be used to indicate a change in the Accountable Manager in accordance with IMTAR 21 or a change in the nomination of the responsible managers in accordance with IMTAR 21. State 'not applicable' if no change is anticipated here.

Block 6: Position and name of the Accountable Manager or nominee

State the position and name of the Accountable Manager here. Where there is a change in the nomination of the Accountable Manager, the information must refer to the nominee for this position. State 'not applicable' if no change is anticipated here.

In case of an application for a change of the accountable manager the IMTAR Form 2A must be signed by the new nominee for this position. In all other cases the IMTAR Form 2A must be signed by the Accountable Manager.

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FORM - 3 MAINTENANCE ORGANISATION APPROVAL CERTIFICATE

In accordance with IMTAR-21, Subpart G3, 21.G3.4

Note: This format is made Optional /Not Mandatory, Format of POA (Form 55) can be used to cover MOA Certificate by DGAQA

[DGAQA,	Ministry	of Defence,	Govt of India]	

MAINTENANCE ORGANISATION APPROVAL CERTIFICATE

Reference: [.....]

Pursuant to IMTAR-21 regulation and subject to the conditions specified below, the DGAQA hereby certifies

[COMPANY NAME AND ADDRESS]

As a maintenance organisation in compliance with IMTAR 21, Subpart G, approved for Maintenance of products, parts and appliances listed in the attached approval schedule and issue related certificates using the above references.

CONDITIONS:

1.	This approval	is limited to th	hat specified i	in the enclosed	terms of approval, and
	11		1		11 /

- 2. This approval requires compliance with the procedures specified in the approved Maintenance organisation exposition, and
- 3. This approval is valid whilst the approved Maintenance organisation remains in compliance with IMTAR 21.
- 4. Subject to compliance with the foregoing conditions, this approval shall remain valid for --- Years or an unlimited duration unless the approval has previously been surrendered, superseded, suspended or revoked.

Date of original issue:
Date of this revision:
Revision No:
Signed:
For DGAQA:

|--|



FORM - 3 MAINTENANCE ORGANISATION APPROVAL CERTIFICATE

[DGAQA, Ministry of Defence, Govt of India]	Terms of Approval		Ref:[]		
This document is part of Maintenance Orga	anisation Approval	Number []:		
Company name:					
Section 1. SCOPE OF WORK					
REPAIR/ MAINTENANCE OF		PRODUCTS/CATE	GORIES		
For details and limitations refer to the Maintenance Organisation Exposition, Sectionxxx					
Section 2. LOCATIONS					
Section 3. PRIVILEGES					
The Maintenance Organisation is entitled to exercise, within its Terms of Approval and in accordance with the procedures of its Maintenance Organisation Exposition, the privileges set forth in IMTAR 21 Subject to the following:					
[keep only applicable text]					
Prior to approval of the design of the product an IMTAR Form 1 or Equivalent may be issued only for conformity purposes.					
A Statement of Conformity may not be issued for a non-approved aircraft					
Maintenance may be performed, until compliance with maintenance regulations is required, in accordance with the Maintenance Organisation Exposition Section					
Flight Clearance may be issued in accordance with the Maintenance Organisation Exposition Sectionyyy					
Date of original issue Signed:					
Date of this revision	Date of this revision				
Revision No. For DGAQA					

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FORM - 4 APPLICATION FOR APPROVAL OF MANAGEMENT PERSONNEL

		, Subpart G1, St	ıbpart G2, Subpart G3
	Organization	:	
	Organization Reference	:	
	Name	:	
ŀ.	Contact Details	:	
	E-Mail Address	:	
6. Positions within the Organisation:			
	• DOA:HOD	COA	CISM/QDH
	• MOA: AM	QM	
	• POA:QDH	AM (Refer,	para 1.1,1.2 &1.3 of Section-III,PART –I of AFQMS 2008, Issue-II)
	Qualifications relevant to p	osition at Item 6	:
	a		
	b		
	c		
	Work experience relevant to	o the position at	Item 6: (Use continuation sheet if necessary):
)	List any supporting docume	ents submitted (r	not originals):
•			
•	a		
	a b		

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Centre for Military Airworthiness and Certification



FORM - 4 APPLICATION FOR APPROVAL OF MANAGEMENT PERSONNEL

I declare that the information provided on this form is true and correct

I understand and accept that for CEMILAC/DGAQA to proceed with this application, I have supplied all supporting documentation to CEMILAC/DGAQA

11. Applicants Signature

12. Date

HOD: Head of Design COA: Chief of Airworthiness CISM: Chief of Independent Support Monitoring/QDH: Quality Department Head AM : Accountable Manager QM : Quality Manager DOA: Design Organisation Approval POA: Production Organisation Approval

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FORM - 10A APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIR SYSTEM

In accordance with IMTAR - 21, Subpart B, 21.B1.4, 21.B2.5, 21.B3.5, 21.B4.4

1.	Reference	
1.1	Applicant's Reference	Date

2.	Applicant's Information				
2.1	Applicant Company Data				
2.1.1	Name and Address	Applicant Number			
	(As per Registration	(Company) Name			
	with Registrar of	Door/Street / Area			
	Companies, India) Companies Act, 2013	Post Office			
		City / State			
		PIN			
2.1.2	Contact Person	Title	□ Mr □ Ms		
	(Responsible for this	Name			
	application)	Last Name			
		Job title			
		Phone/Fax			
		Email (Official)			
2.2	Address for Communication				
2.2.1	Address	(Company) Name			
	(Required for communication with regard to this application)	Door/Street / Area			
		Post Office			
		City / State			
		PIN			
2.3	3 Organization Approval Details				
2.3.1	DOA Details	DOA Number			
	(if applicable)	DOA Validity			
		DOA Scope			
2.3.2	POA Details	POA Number			
	(if applicable)	POA Validity			
		POA Scope			
3.	Air System Descripti	on	·		
3.1	Name of the Air System	Not exceeding 30 wo	ords.		
3.2	Brief about the Project	Not exceeding 100 w	ords. Please add enclosure for additional details		

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FORM - 10A APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIR SYSTEM

3.3	Proposed IMTAR Sub-part	□ 21.B1	□ 21.B2	□ 21.B3	□ 21.B4	
4.	Applicant's Declarat	tion				
I dec in thi	lare that I am authorized s application form is co	l by my orga rrect and con	nization to subm	it this application to	o CEMILAC and that all information provided	
I ack	I acknowledge that I have read and understood the IMTAR – 21.					
I und	I understand that the submission of the application does not entitle certification coverage by CEMILAC.					
Place	;					
Date		Name			Signature	
Impo signe	ortant Note: CEMILA ed and official seal stam	C does not a ped.	ccept applicatio	ons without signat	ure. Please make sure that the application is	

This Application should be sent by fax, e-mail or regular mail to :

The Chief Executive (Airworthiness)

Centre for Military Airworthiness & Certification (CEMILAC)

Defence R&D Organization, Ministry of Defence

Marathahalli Colony Post,

Bengaluru - 560037

Fax +91 (0)80 25230856

E-mail chief@cemilac.drdo.in

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FORM - 10A APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIR SYSTEM

Acknowledgement of Receipt of Application

1.	Applicant's Reference	Da	ate
2	Addresse	(Company) Name	
^{2.}	(Required for communication with regard to this application)	Door/Street / Area	
		Post Office	
		City / State	
		PIN	
3.	Air System Title		

The application has been received at CEMILAC on ______. The application will be reviewed and status will be informed in due course of time.

Public Interface Cell, CEMILAC For Chief Executive (Airworthiness)



FORM -10B APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIRBORNE STORE

In accordance with IMTAR - 21, Subpart C, 21.C1.4, 21.C2.3, 21.C3.1.4, 21.C4.2, 21.C6.1.2

1.	Reference	
1.1	Applicant's Reference	Date

2.	Applicant's Information						
2.1	Applicant Company	Company Data					
2.1.1	Name and Address	Applicant Number					
	(As per Registration	(Company) Name					
	with Registrar of	Door/Street / Area					
	Companies, India)	Post Office					
1	2013	City / State					
	2010	PIN					
2.1.2	Contact Person	Title [□ Mr	□ Ms			
	(Responsible for this	Name					
	application)	Last Name					
		Job title					
		Phone/Fax					
		Email (Official)					
2.2	Address for Commu	nication					
2.2.1	Address	(Company) Name					
	(Required for	Door/Street / Area					
	communication	Post Office					
	with regard to this application)	City / State					
		PIN					
2.3	Organization Approv	anization Approval Details					
2.3.1	DOA Details	DOA Number					
	(if applicable)	DOA Validity					
		DOA Scope					
2.3.2	POA Details	POA Number					
	(if applicable)	POA Validity					
		POA Scope					
3.	Airborne Store Descr	ription					
3.1	Name of the Store and Part Number	Not exceeding 30 words.					
3.2	Brief about the Store	Not exceeding 100 words. Shall include details of hardware and software/ CEH aspects (if applicable). Please add enclosure for additional details.					
3.3	Proposed IMTAR Sub-part	□ 21.C1 □ 21.C2	□ 2	21.C3	□ 21.C4	□ 21.C5	□ 21.C6

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FORM -10B APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIRBORNE STORE

4. Applicant's Declaration					
I declare that I am authorized by my organization to submit this application to CEMILAC and that all information provided in this application form is correct and complete.					
I acknowledge that I have read	and understood the IMTAR -21 .				
I understand that the submissio	n of the application does not entitle certification cov	rerage by CEMILAC.			
Place					
Date	Name	Signature			
Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is signed and official seal stamped.					
This Application should be sent	t by fax, e-mail or regular mail to:				
The Chief Executive (Airworthiness)					
Centre for Military Airworthiness & Certification (CEMILAC)					
Defence R&D Organization, Ministry of Defence					
Marathahalli Colony Post,					
Bengaluru - 560037					
Fax: +91 (0)80 25230856					
E-mail: chief@cemilac.drdo.in					

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FORM -10B APPLICATION FOR AIRWORTHINESS ASSESSMENT OF AIRBORNE STORE

Acknowledgement of Receipt of Application

1.	Applicant's Reference	Date	
2.	Address (Required for communication with regard to this application)	(Company) Name	
		Door/Street / Area	
		Post Office	
		City / State	
		PIN	
3.	Airborne Store Title		

The application has been received at CEMILAC on ______. The application will be reviewed and status will be informed in due course of time.

Public Interface Cell, CEMILAC For Chief Executive (Airworthiness)



FORM - 11 RELEASE TO SERVICE DOCUMENT FOR AN AIR SYSTEM

Classification

DOCUMENT NO. :

Government of India

Ministry of Defence

Centre for Military Airworthiness and Certification



सत्यमेव जयते RELEASE TO SERVICE DOCUMENT XYZ AIR SYSTEM OPERATIONAL CLEARANCE

Month & Year

Air System Photo

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CERTIFICATE OF RELEASE to service Xyz Air system

- 1. The xyz Air System production series is hereby released to User services for flying operations over land and sea, subject to the conditions and limitations stated in this Release to Service Document (RSD). This release is based on the demonstrated capabilities of xyz Air System vis-à-vis Operational Clearance (FOC) requirements.
- 2. Operation of the Series Production Air System is safe within the boundaries and limitations stated in this RSD.
- 3. This certificate is issued on the premise that the XYZ Air System are produced as per the Build Standard and are operated with stipulated configurations within specified flight envelopes.
- 4. This certificate shall become invalid in case of deviations from the defined build standard, which are not approved by CEMILAC.
- 5. This RSD is applicable for xyz Series Production Air System produced under the approved Build Standard for Final Operational Clearance.
- 6. The lifting details of the LRUs and the Air System shall be adhered to as per the CEMILAC approved Lifting document.
- 7. This certificate is contingent upon quality control aspects of bulk production being cleared by DGAQA, Ministry of Defence.

Chief Executive (A) CENTRE FOR MILITARY AIRWORTHINESS & CERTIFICATION BENGALURU-560 037

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DECLARATION OF DESIGN AND PERFORMANCE

AIR SYSTEM TYPE: xyz

We hereby declare that: The operation of xyz Series Production Air System is safe within the stated boundaries and limitations of this RSD. Details of the same is placed at various Chapters as follows

Head of Design/ Main Contractor

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CONTENTS

Chapter No	Description	Page No.
1.	Introduction & Overview of xyz	
2.	Air System General Specification	
3.	Service Qualitative Requirement (SQR) Compliance	
4.	Military Standard / Specification Compliance	
	Build Standard	
5	5.1 Master Drawing Index	
5.	5.2 SOE with Details of Type Approval/BOI Clearances	
	5.3 Software Build Standards	
6.	Mass & CG Data	
7.	Flight Envelopes	
8.	External Stores Configurations	
9.	Air System Boundaries & System Limitations	
10.	List Of Publications	
11.	Flying clothing and Personal Protective equipments	
12.	References	

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AMENDMENT RECORD

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LIST OF ABBREVIATIONS

ABBREVIATIONS

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CHAPTER - 1

INTRODUCTION AND OVERVIEW OF

xyz

Introduction and Overview of Air system to be provided here

CHAPTER - 2

AIR SYSTEM GENERAL SPECIFICATION

General Specifications of Air System to be explained in this section.

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CHAPTER - 3

SQR COMPLIANCE

3.1 INTRODUCTION:

SQR COMPLIANCE MATRIX

Para No.	Salient Parameter	SQR Requirement	Compliance Status	Remarks / Reference

LIST OF CONCESSIONS

Sl. No	Concession No	Description

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CHAPTER - 4

MILITARY STANDARD /SPECIFICATION COMPLIANCE

Details of Military standard /Specifications used as a part of Type Certification Basis to be provided along with its Compliance details to be provided in this section. Type Certification Compliance Report shall be included in this section.

CHAPTER - 5

BUILD STANDARD

5.0 INTRODUCTION

It is imperative that the Build Standard of an Air System is broadly defined by Drawing Applicability List and the Equipment standard of preparation. This chapter exclusively addresses the Drawing Applicability List, Equipment Standard of Preparation, applicable Software Standards and LMC approved modifications.

The baseline drawing standard together with applicable modifications are given in this chapter as "Drawing Applicability List (concerning to Airframe/Systems)".

5.1	MASTER	DRAWING	INDEX
		DIMENTING	

SLNO.	SYSTEM	REPORT NUMBER	ISSUE NO. &
			RELEASE DATE
1.	Front Fuselage		
2.	Centre & Rear Fuselage		
3.	Wing		
4.	Landing Gear System		
5.	Power Plant & Fuel system		
6.	Flight control System		
7.	Hydraulics & Brake Parachute System		
8.	Armament & Escape System		
9.	ECS & LSS		
10.	Electrical & Avionics System		
11.	Windscreen & canopy		
12.	Radome		
13.	Fin		
14.	Rudder		
15.	Ballast, Symmetric Check Diagram, Paint		
	Scheme & External Markings		
16.	Drawing Applicability List –xyz– SP FOC		

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5.2 STANDARD OF EQUIPMENT (SOE)

This section has been sub divided into three parts PART-1, PART-2 and PART-3 addressing equipment required for the basic build of the Air System, external stores/optional fit and for the LRUs respectively.

Details on "Equipment List" of systems												
SL.	В	Sys	Sub	Equipm-	Manuf-	Part	Mod/	Weight	TA/	Valid-	Qty/	Rem-
No.	/ I		system	ent /	acturer	No	Issue/	/ Unit	BOI/	ity	Ac	arks
				LRU			Rev	(kg)	PC Ref			
				Description					No			

Part – I

Part – 2						
Details of Catalogue Items						
Sl. B / I System	Equipment / LRU	Manufacturer	Part No	TA / BOI cleara- nce No.	Qty/Ac	Remarks

Part – 3	
Details of Mounti	ng Trays

Sl. No	System	B/I	Equipment	Part No	Manufac- turer	Weight / Unit (In Kg)	QpA	Remarks
--------	--------	-----	-----------	---------	-------------------	-----------------------------	-----	---------

5.3 SOFTWARE BUILD STANDARDS

INTRODUCTION:

The xyz Air System being one of the software intensive Air System, there are host of LRUs of Avionics, IFCS and Engine is having the unique software version and release and they are annotated in this chapter. The list given in this chapter contains the system to which the LRU belongs and the software version/release number.

SL. NO.	SYSTEM	LRU (with Part No.)	SOFTWARE VERSION No.	RELEASE No.

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CHAPTER - 6

MASS & CG DATA

6.0 INTRODUCTION:

Being a configuration-controlled vehicle, the instability permissible for the controllability/handling quality is a critical parameter and thus, the Mass, CG and inertia assumes higher importance in xyz Air System. This critical parameter is controlled within the band of acceptable limits, irrespective of fuel content, disposable armament stores and variation in percentile of pilot population.

This chapter outlines the Mass breakdown data for Airframe & Systems, Mass data for Operational Clean Configuration, Mass data for Stores configurations in accordance with MIL-A-08860B and validated by actual measurements at Para x, y, z respectively.

The mass and CG of the individual Air System after build to be maintained as per this RSD with suitable ballast and the same needs to be endorsed in the respective log book of the Air System.

MASS & CG DATA

6.1 Mass Breakdown Data of xyz Airframe/Systems

Sl.No.	Description	Wt in Kg

6.2 Mass Breakdown Data for Operational Clean Configuration (OCC)

Sl.No.	Description	Wt in Kg

6.3 Mass Data for Stores Configuration

Sl.No.	Description	Wt in Kg

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CHAPTER - 7

FLIGHT ENVELOPE

7.0 INTRODUCTION:

The flight envelope is defined in terms of Air speed/Mach No., Altitude, Angle of Attack and vertical acceleration. The permissible flight envelopes are defined in this chapter. The cleared configurations are grouped under the categories namely Operational Clean Configuration (OCC), OCC with BVR at MB station, Light Stores Configuration and Heavy Stores Configuration. The definition for these configurations is as given below:

- 7.1 Engine Envelopes
- 7.2 Flight Envelopes
- 7.3 Weapon Release envelope:

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CHAPTER - 8

EXTERNAL STORES CONFIGURATION

DETAILS OF EXTERNAL STORES & ROLE EQUIPMENTS

A. EXTERNAL STORES

SL. No.	B / I	Syst- em	Sub syst- em	Equip- ment	Manufa- cturer	Part No.	Mod/ Issue/ Rev	TA / BOI Cleara- nce No.	Valid- ity	Weight / Unit (In Kg)	Qty/ Ac	Remarks
												Pylon consists of replaceable fuel system LRUs 1a & 1b

B. ROLE EQUIPMENTS

Sl. No.	B / I	System	Equipment	Manufacturer	Part No	Weight / Unit (In Kg)	Qty/Ac	Remarks



CHAPTER - 9

AIR SYSTEM BOUNDARIES & SYSTEM LIMITATIONS

9.0 INTRODUCTION:

The operational boundaries are determined by Aerodynamics, Flight Mechanics and Airframe. The system level restrictions are imposed by the various Air System systems like Propulsion, IFCS, Avionics, General Systems etc.

This chapter provides an overview of the Air System Boundaries & System Limitations from operational point of view.

I. AIR SYSTEM LEVEL BOUNDARIES / LIMITATIONS

SL.NO	PARAMETER	LIMIT / RANGE

II. SYSTEM LEVEL BOUNDARIES

	System	Functions	Boundaries			
1.0	ENGINE					
2.0	OTHER SYSTEMS					

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CHAPTER - 10

LIST OF PUBLICATIONS

10.0 INTRODUCTION

The publications are the one which speaks the state of Air System for its effective utilisation. The following are the minimum list of flight publications to be prepared by the main contractor before delivery of the first Air System to the user services. These publications will be updated and released by the main contractor/principal designer, when ever need arises.

a. FLIGHT PUBLICATIONS

Sl. No.	Title of the Manual				
1	General Description Manual				
2	Performance & Configuration Manual				
3	Weight & Balance Manual				
4	Special Equipment Manual				
5	Weapon Delivery Manual				
6	Flight Reference Cards				
7	Flight Manuals				

b. TECHNICAL PUBLICATIONS

1	Air System Maint Manual (AMM)
2	Comp. Maint. Manual (CMM)
3	User Manual (UM)
4	Master Servicing Schedule (MSS)
5	Technical Notes (TN)
6	Consumable Product Manual (CPM)
7	Structure Repair Manual (SRM)
8	Safety & Servicing Notes (SSN)
9	Air System Illustrated Part. Cat. (AIPC)
10	Wiring Diagram Manual (WDM)
11	Software Config Manual (SCM)
12	GSE /GHE/STE Manual
13	Schedule of Equipment.

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CHAPTER - 11

FLYING CLOTHING AND

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Sl. No	Description	Indigenous (I) / Bought-out Item (B)	Part No./Spec. No	CEMILAC Approval

CHAPTER-12

REFERENCES

Sl. No.	Document Name	Document / Clearance Reference No.



In acc	In accordance with IMTAR - 21, Subpart B, 21.B1.21, 21.B2.22, 21.B3.23, 21.B4.21									
Issue o	f RSD Under	RMTC				п	MTC			
Issue o			_	TN T				_	NICC	
User So		IAF		IN		Ц	IA		INCG	
1.	Reference									
1.1	Applicant's Reference	e								Date:
2.	Applicant's Information	tion								
2.1	Applicant Company	Data								
2.1.1	Name and Address	Applicant	Numbe	r						
	(As per Registration	(Company	y) Name	;						
	with Registrar of	Door/Stree	et / Area	ı						
	Companies, India)	Post Offic	e							
	2013	City / Stat	e							
		PIN								
2.1.2	Contact Person	Title			□ Mr		Ms			
	(Responsible for this	Name								
	application)	Last Name	e							
		Job title								
		Phone/Fax	I.							
		Email (Of	ficial)							
2.2	Address for Commu	nication								
2.2.1	Address	(Company	y) Name	;						
	(Required for communication with regard to this application)	Door/Stree	et / Area	ı						
		Post Offic	e							
		City / Stat	e							
	11 /	PIN								
2.3	Organization Approv	val Details								
2.3.1	DOA Details	DOA Nun	nber							
	(if applicable)	DOA Vali	dity							
		DOA Scop	be							
3.	Air System Descripti	ion								
3.1	Air System Identifica	ation								
3.1.1	Air System Type Number / Part Number									

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3.1.2	Air System Nomenclature				
3.2	CEMILAC Project Code				
3.3	Brief about the Project	Not exceedi	ng 100 words. P	lease add enclosure	for additional details
3.4	Proposed IMTAR Sub-part	□ 21.B1	□ 21.B2	□ 21.B3	□ 21.B4
3.5	RMTC / MTC Number				

4.	Air systems Require	ments Details
4.1	Staff Requirements	If applicable
4.2	Airworthiness Certification Criteria	
4.3	Air system Requirement Specification	
4.4	Type Certification Basis	
4.5	Airworthiness Certification Plan	

5.	Air Systems Configuration		
5.1	Standard of Preparation		
5.2	Standard of Equipment		

6.	Air Systems Type Cer	rtification Compliance
6.1	TCB Compliance	
6.2	Limitations List	
6.3	Type Certificate Data Sheet (TCDS)	

7.	Release to Service De	etails
7.1	User Acceptance Letter	

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7.2	List of Technical and Flight Publications	Add as enclosure
7.3	RSD Document Reference	

8. Applicant's Declaratio	n			
I declare that I am authorized by my organization to submit this application to CEMILAC and that all information provided in this application form is correct and complete.				
I acknowledge that I have read	and understood the IMTAR – 21.			
I understand that the submission of the application, by itself, does not entitle RSD.				
Place				
Date	Head of Design	Signature		
Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is signed and official seal stamped.				

Note: This application along with the required documents shall be forwarded to dealing RCMA / CEMILAC for further process.

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Acknowledgement of Receipt of Application

1.	Applicant's Reference	Da	ite:
	Address (Required for communication with regard to this application)	(Company) Name	
Z.		Door/Street / Area	
		Post Office	
		City / State	
		PIN	
3.	Air System Title		

The application has been received at RCMA/CEMILAC on _____. The application will be reviewed and status will be informed in due course of time

RCMA/CEMILAC For Chief Executive (Airworthiness)



FORM - 12 CERTIFICATE OF DESIGN

In accordance with IMTAR- 21, Subpart B, 21.B1.15, 21.B1.19, 21.B1.20, 21.B2.16, 21.B2.20, 21.B2.21, 21.B3.20, 21.B3.21, 21.B4.14, 21.B4.18, Subpart C, 21.C1.24

Date:

For issue of

 \Box FCC \Box MTC \Box TA

1.Reference1.1Applicant's Reference

2. **Applicant's Information** 2.1 **Applicant Company Data** 2.1.1 Name and Address Applicant Number (Company) Name (As per Registration with Registrar of Door/Street / Area Companies, India) Post Office Companies Act, City / State 2013 PIN 2.1.2 Contact Person Title □ Mr □ Ms (Responsible for this Name application) Last Name Job title Phone/Fax Email (Official) 2.2 **Address for Communication** 2.2.1 Address (Company) Name (Required for Door/Street / Area communication Post Office with regard to this City / State application) PIN **Organization Approval Details** 2.3 2.3.1 DOA Details DOA Number (if applicable) DOA Validity DOA Scope 3. Air System/Airborne Store Description Air System/Airborne Store Identification 3.1 3.1.1 Air System/ **Airborne Store** Type Number / Part Number

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FORM - 12 CERTIFICATE OF DESIGN

3.1.2	Air System/					
	Airborne Store					
	Nomenclature					
3.2	CEMILAC Project					
	Code					
3.3	Brief about the Project	Not exceeding 100 words. Please add enclosure for additional details				
3.4	IMTAR Sub-part	□ 21.B1	□ 21.B2	□ 21.B3	□ 21.B4	□ 21.C1

4.	Air System/Airborne Stores Requirements Details			
4.1	Staff Requirements	If applicable		
4.2	Airworthiness Certification Criteria			
4.3	Air System Requirement Specification/ Technical Specification of airborne store			
4.4	Type Certification Basis/Type Approval Basis			
4.5	Airworthiness Certification Plan			

5.	Air System/Airborne Stores Configuration		
5.1	Standard of		
	Preparation		
5.2	Standard of		
	Equipment (only		
	for Air system)		

6.	Air System/Airborne Stores Type Certification Compliance		
6.1	TCB Compliance/		
	TAB Compliance		
6.2	Limitations List		
6.3	Type Certificate		
	Data Sheet/Type		
	Approval Data		
	Sheet		

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FORM - 12 CERTIFICATE OF DESIGN

7.	App	licant's Declaratio	n	
We, _	We,		(Name of Design	firm) hereby declare and certify:
	i. That the afore mentioned Air system/Airborne Store is defined and accurately described by the above particular and that it complies with the full requirements/experimental flight requirements subject to the exception mentioned in the compliance			curately described by the above particulars ht requirements subject to the exceptions
	ii.	ii. That all relevant design data, reports of specified tests, drawings and drawing lists have been completed and are a true record of the design and testing of the store to date.		
	iii.	iii. That if any statement on this certificate becomes inaccurate the certificate will be suitably amended and issued.		
Place				
Date			Name	Signature
Impo signe	Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is signed and official seal stamped.			

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FORM - 20 ENGINEERING CHANGE NOTE (ECN)

In accordance with IMTAR-21, Subpart C, 21.B1.13, 21.B2.14, 21.C1.12, 21.C4.12

1.	Reference	
1.1	Applicant's Reference	Date:

2.	System / LRU Description	
2.1	Program / Project	
2.2	System/Sub Sytem	
2.3	LRU Description	
2.4	Part No/ Model No with Rev/ mod status	
2.5	Software version No. (if applicable)	
2.6	Agency responsible to supply	

3. Documentation Details								
List of Do	List of Documents (Approved Earlier)							
SI. No.Document TitleRef DocDocument Control numberRev. No.Date of release								
3.1								
3.2								
3.3								
3.4								

4.	Change Details			
4.1	Reason for Change / Origin: Qualification Test/Grou	und Test on A/c/ Flight Test		
4.2	Description of Design Change Proposed			
4.3	Authority of Change			
4.4	Applicability of Change State YES/ NO. If any answ	ver is YES particulars are to be attached		
a.	Interchangeability of Post-Mod & Pre-Mod Spares affected	Yes/No		
b.	Accessibility affected	Yes/No		
c.	Maintainability affected	Yes/No		
d.	Documentation affected?	Yes/No		
e.	Drawing Changes	Yes/No		

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FORM - 20 ENGINEERING CHANGE NOTE (ECN)

f.	Total No. of unit on which the change will be embodied			
g.	New Parts required	Yes/ No		
h.	Weight change	Yes / No, then weight after change		
i.	Dimensions Change	Yes / No		
j.	Change in Power requirement	Yes /No, Power required after change		
k.	Any other aspect	Yes / No		
5.	Comments / Remarks / Enclosures :			

Proposed by	(Signature, Name and contact Number)
Reviewed and recommended by PD/PgD/HoD	Project Director /Program Director/Head of Design (Name and signature or Seal)
Verified by	Quality Dept. Head / Airworthiness Group (Name and signature)
Approved by	CEMILAC / RCMA (Name and signature with Seal)

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FORM - 20 ENGINEERING CHANGE NOTE (ECN)

	Instructions for filling requisition for Inspection				
Item#	Description				
1.	ECN Reference number to be issued by Designer Group in the format Orgn/Div.No. /ECN /XYZ/ XXXdatedDD/MM/YYYY.XYZ is LRU abbreviation is same as in SOP. XXX is three-digit control number. Date of proposal of ECN is to be as per format DD/MM/ YYYY. If the second change has been proposed in ABCD in PQRS Aircraft on DD/MM/YYYY, then Reference number is "Orgn/Div.23/ECN/ABCD/002 dt DD/MM/YYYY.				
2.	Write description of the Project or program.				
3.	Write description of the system or subsystem.				
4.	Write the nomenclature of LRU. The LRU nomenclature should be as per Program/Project SOP.				
5.	Write Part Number or Model Number as per SOP and is to be same as engraved on the LRU.				
6.	Software details of Airborne store if applicable.				
7.	The manufacturing Agency or Agency responsible for modification of item.				
8.	Document Control number with revision No. & date of approval of the document is to be specified. The Original Document shall be brought for ECN verification by Quality Dept.				
9.	Write down the proposed changes to the existing System/LRU/SRU.				
10.	Briefly explain the reason for changes to the design.				
11.	Reference of the authority for carrying out the Engineering Change is to be brought out (DIC, NCRC or additional requirements from User through Project Monitoring Board.				
12.	Where all the changes shall be applicable needs to be brought out clearly. Select suitable option.				
13.	Remarks if any and the references of the enclosures if any (Process Sheet / Task Card /Work Order / Drawing / Authority of Change Note/ Others) to be recorded.				
14.	Design Rep proposing the change shall sign and confirm the details filled from Sl.no 1 to 12. Name and contact number of Designer Rep proposing the change to be given.				
15.	Project Director/ Program Director to review the Changes in design and only forward the recommended ECN to QCG office along with original document. If the ECN sent for reverification, then previous version ECN (verified) also to be forwarded along with modified ECN.				
16.	The Head QC shall verify and sign the ECN.				
	NOTE: Electronic signature may be used. In this case, the following text can be added: "signature on file" or "electronic signature available", or similar statement.				
Additional	Instructions				
a.	<i>The ECN shall be raised by Design Rep for change in design</i> and is to be signed with Date & Time. All entries must be filled properly by Designer and must be legible, else it shall not be accepted.				
b.	In case minor changes in the document will be modified through Amendment.				
c.	The Engineering Change Control Number shall be issued by Head QC or Rep of QC as per format. Orgn/ECN/ ABCD/XYZ/XXX dt DD/MM/YYYY. ABCD stands for Program or Project, XYZ stands for Airborne store description, XXX is 3-digit number.				
d.	Any modification/correction needs to be signed by respective PD/PgD/HoD.				
e.	All signatories should legibly write their name, designation and date of signature.				

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FORM - 21A DESIGN CRITERIA FORM FOR METALLIC MATERIAL/ SEMI-FINISHED METALLIC COMPONENT

In accordance with IMTAR-21, Subpart C3, 21.C3.1.9

Reference		
Applicant's Reference		Date:
	· · · · · · · · · · · · · · · · · · ·	

:	Material Grade & Mill form	:
:	Heat Treatment Condition	:
:	Size (mm)	:
	Supply Condition	:
	:	 Material Grade & Mill form Heat Treatment Condition Size (mm) Supply Condition

Manufacturing Process Route :

Sl.	Comp-	Classifi-	Stress Con	dition with the	magnitude	Environ-	Tempe-	Weldability	Any other
No.	onent	cation	Primary	Secondary	Static/ Dynamic loading conditions	mental Conditions	rature Conditions	requirements*	information
		Critical/ Non critical	Eg. Fracture Toughness, Fatigue, YS, UTS	Eg. Fracture Toughness, Fatigue, YS, UTS				*Type of Welding, No. of joints, Components details which are to be welded, Material type, WPS & PQR Status approved or not? Vendor details	

Enclosures:

- 1. Brief write-up about the Project
- 2. End use of the Components along with justification for classification
- 3. Drawings, photographs of components
- 4. QA Plan

Signature Name & Designation Name of Organisation (with Seal)

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FORM - 21B DESIGN CRITERIA FORM FOR CARBON-CARBON AIRCRAFT BRAKE DISCS

In accordance with IMTAR-21, Subpart C3, 21. C3.1.9

Refe	rence							
App	licant's R	eference					Date:	
Projec Name Name	of Inspec of the De	ction Agendeveloping/N	: cy : Manufacturing Agency:	-	Material Manufacturing Supply Conditi Nominal Dime	Process Route on nsions	: : :	
Sl. No.	Comp- onent Name	Classifi- cation	Material Property Requirements Physical, Mechanical, Thermal and Friction and Wear	d	Service Conditions	Enviro- nmental and Temp Conditions	Requirement of Metallic Attachments if any	Any other inform- ation
		Critical/ Non critical	e.g., Physical Properties: Density, Porosity, etc. Mechanical Properties: Flexural Strength, Tensile Strength,		Kinetic Energy (Normal, Overload, RTO), Brake			

Brake

Speed, Brake

Pressure,

Static

Torque,

Stop Time,

Temperature Rise, Wear

(Thickness

Loss) etc.

Application

Enclosures:

- Brief write-up about the Project 1.
- 2. End use of the Components along with justification for classification

Compressive Strength, Shear Strength,

Interlaminar Shear Strength, etc.

Specific Heat, Thermal Diffusivity,

Loss by TGA (Bare + with Anti-

Wear (Thickness Loss), etc.

Thermal Conductivity, CTE, Weight

Friction and Wear Properties on Brake

Dynamometer Co-efficient of Friction,

Thermal Properties

Oxidant Coating), etc.

- 3. Drawings, photographs of components
- 4. QA Plan

Signature Name & Designation Name of Organisation (with Seal)

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FORM - 21C DESIGN CRITERIA FORM FOR COMPOSITES/ CERAMIC COMPONENTS

In accordance with IMTAR – 21, Subpart C3, 21.C3.1.9

Refe	ence							
Appl	icant's R	eference					Date:	
Projec Name Name Nomir	t of Inspec of the De al dimen	ction Agend eveloping/N sion of the	: cy : Manufacturing / component (if	Agency: applicable):	Material Manufacturin Supply Condi	g Process Route tion	: e: :	
Sl. No.	Comp- onent Name	Classifi- cation	Material Pro Based on Sta	operty Requirements atic/ Dynamic loading conditions	Enviro- nmental Condi-tions	Temperature Conditions	Other Property Requirements (Physical, Thermal, Electromagnetic, Rain-erosion, etc.)	Any other inform- ation
		Critical/ Non critical	Eg. Tensile Streng Flexural Stren Compressive S Fracture Toug Fatigue, etc.	th & Modulus, gth & Modulus, Strength & Modulus hness,			Density, Porosity, Specific Heat, Thermal conductivity, CTE, Moisture absorption co- efficient, Weight Loss(TGA), Tangent Loss, Dielectric	

Enclosures:

- 1. Brief write-up about the Project
- 2. End use of the Components along with justification for classification
- 3. Drawings, photographs of components
- 4. QA Plan

Signature Name & Designation Name of Organisation (with Seal)

Constant, etc

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FORM - 21D DESIGN CRITERIA FORM FOR POLYMER/METAL MATRIX COMPOSITE BRAKE PADS

In accordance with IMTAR- 21, Subpart C3, 21.C3.1.9

Reference	
Applicant's Reference	Date:

Project : Name of Inspection Agency :

Material	:
Manufacturing Process Route	:
Supply Condition	:

Nominal dimension of the component (if applicable):

Name of the Developing/Manufacturing Agency:

1	Reference No	Date		
2	Part No	Part name		
3	Brief description of application of part			
4	Criticality of part			
5	Type of Brake Pad			
6	Operating temperature or temperature expose	ed		
	Parameter		Value	
7	Max. Design Landing weight of Aircraft at S	ea level (Kgf)		
8	Max Brake Application Speed on Design La	nding (m/sec)		
9	No of Landing Brakes per Aircraft (Nos)			
10	Max. Take-off weight of Aircraft			
11	Mean Service life of brake linings			
12	2 Nominal Friction material thickness per face of brake Disc			

Enclosures:

- 1. Brief write-up about the Project
- 2. End use of the Components along with justification for classification
- 3. Drawings, photographs of components
- 4. QA Plan

Signature Name & Designation Name of Organisation (with Seal)

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FORM - 21E DESIGN CRITERIA FORM/ INPUT DATA SHEET FOR NON METALLIC MATERIALS AND COMPONENTS, PAINTS AND COATINGS

In accordance with IMTAR-21, Subpart C3, 21.C3.1.9

Reference	
Applicant's Reference	Date

Project

Name of Inspection Agency

Name of the Developing/Manufacturing Agency Nominal dimension of the component (if applicable) Material Manufacturing Process Route Supply Condition

1	Reference No	Date
2	Nomenclature of the Product	
3	Governing Specification	
4	Brief description of application of part/End use	
5	Criticality of part	
6	Operating medium	
7	Operating temperature or temperature exposed	
8	List of main functional test carried out	
9	Any post treatment in the part before assembly	

Enclosures

- 1. Brief write-up about the Project
- 2. End use of the Components along with justification for classification
- 3. Drawings, photographs of components
- 4. QA Plan

Signature Name & Designation Name of Organisation (with Seal)

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FORM - 21F INPUT DATA SHEET FOR FUEL, OIL AND LUBRICANTS (FOL)

In accordance with IMTAR-21, Subpart C3, 21.C3.1.9

Reference	
Applicant's Reference	Date:

1	Nomenclature of FOL Store
2	Governing specification
3	Equivalent specification
4	End use applicability
5	Criticality class
	Category
6	Abinitio, Indigenization, licensed production, Imported products.
	NATO code / JSD /Any other designation, if Any
7	Test certificate /CoC / CoA
8	OEM extract / maintenance manual with end use details
9	Testing agency
10	Process applicability
11	Formulation requirements
12	Shelf life
13	Retesting frequency
14	Packaging and storage requirements
15	Other applicable information, if any
16	Company profile, contact details

Signature Name & Designation Name of Organisation (with Seal)

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FORM -21G APPLICATION FORM FOR LETTER OF TECHNICAL APPROVAL (LOTA) FOR MATERIALS

In accordance with IMTAR-21, Subpart C3, 21.C3.1.9

Ref	erence		
App	olicant's Reference		Date:
1.	Name of the Firm	:	
2.	Address	:	
	i. Office	:	
	ii. Work	:	
3.	Item for which LoTA is being sought, together With the trade name, if any	:	
4.	Governing Specification of the Material/ Item	:	
5.	Description of Material/ Item together with technical Literature and drawing (if applicable) (copy of literature/ drawing Enclosed	:)	
6.	Information regarding technical collaboration / licence Manufacture	:	
7.	End use of the material/item with particular reference to aircraft Industry	:	
8.	Details of the test carried out and reports released by the Firm to ascertain the properties and utility of the material/item	:	
9.	Scope and extend of LoTA sought	:	
10.	List of other items and Specification thereof which the form Have developed/ manufactured and organisation to which the item has been supplied	:	

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FORM - 22A SOFTWARE CHANGE REQUEST (SCR)

In accordance with IMTAR-21, Subpart	C6, 21.C6.1.16		
SCR No. and Date :			
System	Old Software		New Software
LRU Name	Version		Version
Platform	Checksum		Checksum
Software Problem Report Reference	Supporting softwa	re used	Compatible Hw Ver
Software modification necessitated due to	D :		
□ Requirement change	□ Hardware char	nge	
□ Software Defect	□ Feature Enhan	icement 🛛	Other Improvements
Brief Problem Statement			
Identified causes			
Suggested solutions			
Documents affected			
Change evaluation tests			
Any other subsystem/ external system / to	est environment affec	eted by this change of ve	rsion
LCCB/ SCCB status			
Limitations/ Known problems			
Rep Design		Rep QA	

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FORM - 22B SOFTWARE PROBLEM REPORT (SPR)

In accordance with IMTAR-21, Subpart C6, 21.C6.1.16
SPR No. and Date :

Sys	tem			Sof	tware	Part Name	
TD	I Nama			Sof	huora	Varsian	
				501	lwale	version	
Pla	form			Che	ecksun	n	
Ori	ginator			Sup	portin	g software used	Compatible Hw Ver
	Design		Customer/User				
Pro	blem Reported during :						
	Service Use		Development Flight Tr	rials		Taxi Trials	
	Aircraft integration		Rig integration			System integration	□ LRU Lab testing
	C		0 0			, ,	C
Dro	hlem Description :						
110 D		1 / •					
Ret	erences : (Flight feedbac	k /r1g	g report / test report)	_			
Sev	erity of the Problem :						
	Critical, Urgent		Critical, Not Urgent				
	Non Critical, Urgent		Non Critical, Not Urge	ent			
Coi	firmation of the Softwar	e Pro	blem on bench and rigs	:			
	Confirmed		Intermittent			Not Confirmed	
	Not able to recreate the	repo	rted issue				
Rer	narks :						
Rep	Design				Rep	Design QA	
	2				1	<u> </u>	

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FORM - 22C APPLICATION / REQUEST FOR SOFTWARE CLEARANCE

In accordance with IMTAR-21, Subpart C6, 21.C6.1.17

Ground Integration

Application No. & Date :

Clearance Request for \Box

Flight trials

Production \square Service Use

1	System		
2	Platform		
3	Name and Address of the LRU design agency		
4	Name and Address of the Software developing agency		
5	Name of the LRU		
6	Compatible Hw Version of the LRU		
7	Programmable components in the LRU	CSCI/CEH/PDI Name	Checksum
8	Software Item changed in the current version		
9	New Software Version (s) & Checksum (s)		
10	Software Development Standard		
11	Functional Requirement Specification		
12	Bus ICD		
13	Software Requirement Specification		
14	Software Test Cases and Procedures		
15	Software Test Report		
16	Software Verification Records		
17	Software QA Report		
18	Version Description Document		
19	Test rig/ ATE software version		
20	SPR, SCR and SCN Ref.		
21	IV & V Recommendation		
22	TARB Report (as applicable)		
23	Limitations, if any		

(Signature & Seal of the Applicant)

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FORM - 22D APPLICATION / REQUEST FOR CEH CLEARANCE

In accordance with IMTAR-21, Subpart C6, 21.C6.2.7

Application No. & Date :

Clearance Request for \Box Ground Integration

Flight trials

Production

□ Service Use

1	Carton		
1	System		
2	Platform		
3	Name and Address of the LRU design agency		
4	Name and Address of the CEH developing agency		
5	Name of the LRU		
6	Compatible Hw Version of the LRU		
7	Programmable components in the LRU	CEH Name	Checksum
8	CEH Item changed in the current version		
9	New CEH Version(s) & Checksum(s)		
10	CEH development Standard		
11	CEH Requirement Specification		
12	CEH Test Cases and Procedures		
13	CEH Test Report		
14	CEH analysis verification reports		
15	Version Description Document		
16	Test rig/ ATE software version		
17	SPR, SCR and SCN Ref.		
18	IV & V Recommendation		
19	TARB Report		
20	Limitations		

(Signature & Seal of the Applicant)

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FORM - 22E APPLICATION / REQUEST FOR IP CORE LOTA (TO BE FILLED IN BY IP DEVELOPER)

In accordance with IMTAR-21, Subpart C6, 21.C6.2.8

1	Name of the IP Developer	
2	Address of the IP Developer	
3	Nomenclature of the IP core	
4	Part number of the IP core for which the LoTA is sought	
5	Version number of the IP core	
6	Brief description of the IP core	
7	Reference of the IP data sheet	
8	Certification doc References	
9	Remarks	

Place: Date: Signature of the applicant Name, Designation Organization name

|--|



In accordance with IMTAR-21, Subpart C6, 21.C6.2.8

FORM - 22F APPLICATION / REQUEST FOR IP CORE DATA SHEET (TO BE FILLED IN BY IP DEVELOPER)

1	Name of the IP Developer	
2	Address of the IP Developer	
3	Nomenclature of the IP core	
4	Part number of the IP core for which the LoTA is sought	
5	Brief description of the IP core	
6	DAL level	
7	Category	Hard/Firm/Soft
8	Target Hardware ICs details	
9	Limitations	
10	Document References	
11	Remarks	

Signature of the Cert Auth Name, Designation Organization name Signature of the applicant Name, Designation Organization name

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FORM - 22G APPLICATION / REQUEST FOR IP CORE CERTIFICATION OF DESIGN BY IP DEVELOPER (TO BE FILLED IN BY IP DEVELOPER)

In accordance with IMTAR-21, Subpart C6, 21.C6.2.8

1	Name of the IP Developer	
2	Address of the IP Developer	
3	Nomenclature of the IP core	
4	Part number of the IP core for which the LoTA is sought	
5	Brief description of the IP core	

We(<*IP Developer*>), hereby declare and certify:

- ii That all relevant design data, test reports have been completed and are a true record of the design and testing of the IP cores.
- iii That if any statement on this certificate become inaccurate the certificate will be invalid

Place: Date: Signature of the applicant Name, Designation Organization name

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FORM - 22H LETTER OF TECHNICAL APPROVAL (LOTA)

In accordance with IMTAR-21, Subpart C6, 21.C6.2.8

<Letter No.>

<Date>

<To>

<The IP core developer/ LoTA Requester>

LETTER OF TECHNICAL APPROVAL FOR USE OF< IP core name > LoTA No. : < LoTA No.>

<IP core developer Application reference no. >

1. Introduction:

<Introduction to the IP core developer> <Brief on IP core and its necessity>

2. Integration and Configuration of IP Core: <Refer IP core data sheet> <User manual of IP core>

3. Acceptance of IP Core:

<IP core name> designed and developed by <IP core developer>is hereby accepted for use in <Application name>, subject to the conditions mentioned in this Letter of Technical Approval (LoTA).

3.1. Basis of acceptance and applicable documents:

<List of all docs including CoD of IP core, data sheet, CEMILAC directives and other IP core documentation>

4. Limitations:

<Mention limitations in design and usability of IP core>

5. Conditions of Acceptance:

For IP Developer: <Mention conditions for IP Developer and validity duration of LoTA> For IP Integrator: <Mention conditions for IP Integrator>

> <Signature> <CEMILAC Authorized Signatory>

Encl: <Data sheet of IP core and CoD>

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FORM - 22J SOFTWARE CHANGE NOTE (SCN)

In accordance with IMTAR-21, Subpart C6, 21.C6.1.16, 21.C6.1.17

SCN No. and Date :

System	Old Software		New Software	
LRU Name	Version		Version	
Platform Checksum Checksum				
Software Change Request Reference	Supporting software	eused	Compatible Hw Ver	
Software Changes carried out from the Previous version to current version				
Test case document used for regression testing				
Change Evaluation Reports				
V&V/ IV&V report				
TARB report (If applicable)				
Changed Documents approval status				
Limitations/ Known problems				
Recommended Scope of software clearance				
Verified by (Rep CEMILAC) Approved by (Competent Authority)*			ppetent Authority)*	

*Competent authority for approval of Software Change Note can be RD RCMA, Chairman of IV&V team or Chairman of Software Evaluation Committee, as decided in the certification plan approved by CEMILAC.

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FORM -23 DECLARATION OF DESIGN AND PERFORMANCE

In accordance with IMTAR-21, Subpart C, 21.C5.9

DoDP No _____

ISSUE No

- 1. Name and address of manufacturer.
- 2. Description and identification of airborne store including:
 - i. Type No. _____
 - ii. Modification Standard:
 - iii. Master drawing record:
 - iv. Weight and overall dimensions:
 - v. Project Details:
 - vi. Proposed Aircraft Name:
- 3. Specification reference, i.e., IMATSO No. and Manufacturer's design specification:
- 4. The rated performance of the article directly or by reference to other documents.
- 5. Particulars of approvals held for the equipment.
- 6. Reference to qualification test report.
- 7. Service and Instruction Manual reference number.
- 8. Statement of compliance with appropriate IMATSO and any deviations/Limitations thereof.
- 9. A statement of the level of compliance with the IMATSO in respect of the ability of the article to withstand various ambient conditions or to exhibit various properties.

The following are examples (not a complete list) of information to be given under this heading depending on the nature of the article and the requirements of the IMATSO.

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FORM -23 DECLARATION OF DESIGN AND PERFORMANCE

- a) Environmental Qualification including EMI/EMC
 - i. (List of Tests)
 - ii._____

(NOTE: The manufacturer should list environmental categories for each of the sections of the issue of MIL-STD-810, MIL-STD-461, RTCA DO-160 or other military/Civil equivalent standard that was used to qualify the article.)

b) Power supply compatibility tests

(NOTE: The "categories" referred to are those listed in the current issue of MIL-STD-704, RTCA DO-160 or other military equivalent standard).

- c) Other relevant tests
- 10. A statement of criticality of software or "None" if not applicable.

(NOTE: Software levels are those defined in the current issue of DSSD/RTCA document DO-178 B/C or other equivalant)

11. A statement of design assurance level for complex hardware or a statement indicating whether complex hardware is embedded or not in the product.

(NOTE: Complex hardware design assurance levels are those defined in the applicable issue of RTCA document DO-254 or other equivalant methodology followed.)

12. The declaration in this document is made under the authority of

(name of Manufacturer)

(Manufacturer's name) cannot accept responsibility for equipment used outside the limiting conditions stated above without their agreement.

Date: _____ Signature _____ (Manufacturer's Approved Head of Design by CEMILAC)

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FORM - 25 SIGNALING OUT CERTIFICATE FOR AN AIR SYSTEM

In accordance with IMTAR-21, Subpart H, 21.H.4

Ref. No. То User Service HQrs

IAF/ IA/ IN/ ICG

SIGNALING OUT AIR SYSTEM (TYPE), TAIL NUMBER (.....) After(Mfg/Upgrade/Servicing/Overhaul)

Date :

Sir.

With reference to Service HQ. Contract/ SO/ Task order No: dated, It is intimated that the subject Air System, is hereby signalled out as per the details given below:

I. **Basis of Clearance :**

- Approved RSD/ SOP / SOE approved by RCMA vide ref. Number with date a)
- CEMILAC approved RMTC/MTC Number with date b)
- c) Main Contractor's Work Done Report Number with date.
- d) Contractor's Test Pilot's Acceptance Report Number with date.
- e) Customer's Test Pilot's Acceptance Report Number with date.
- f) Signal Out request from Main contractor vide ref. Number with date.
- II. **Airframe Hours**
- III. **Engine Number with completed Hours**
- IV. **Relevant technical notes** : - As applicable-
- V. **Permissions** /Authorizations : (From Service HQrs)
- VI. **Operational Limitations** : (Refer : RMTC/MTC/RSD/OEM) :

VII. Concessions

a) By Service HQ : ____Nos (Details as per work done report referred above)

:

- : Nos (Details as per work done report referred above) b) By Regulatory Authority
- Necessary Unit allocation and arrangements for collection of the subject Air system by Ferry pilot be made. This 2. certificate is valid unless revoked by DGAQA.

Regional Director, AQA

Distributions:

1.	HQ DGAQA, New Delhi (KA : Director Aircraft)	2.	ADG (Zonal Office), DGAQA.
3.	RD, RCMA	4.	CO, AFLE/NLC/AALC (as applicable)
5.	GM, Main Contractor – This is valid subject to satisfactory reservation/Storage/Servicing as per approved documents till arrival of ferry team.		
6.	Head of Quality, Main Contractor	7.	AO, DAD, MoD

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FORM - 25A APPLICATION FOR CERTIFICATE OF AIRWORTHINESS (COA)/ SIGNALING OUT CERTIFICATE FOR AN AIR SYSTEM

In acc	ordance with IMTAR	-21, Subpart H, 21.H.4				
1.	Applicant's Refere	nce				
1.1	Your Reference:					
2.	Applicant Address	and Contact Data				
2.2	Applicant Data					
2.1.1	Name and Address	DGAQA POA/MOA Ref No(if previously issued)				
		Organisation Name				
		Street No and Name				
		City				
		State			Post Code	
Country						
2.1.1	Contact Person	Title and Full Name				
		Position Title				
		Phone				
		Email				
3.	Aircraft / UAS / AI	M/Engine	•			
3.1	Registration Mark:	3.2 Manufacturer	3.3 Type and Model	3.4 Serial No.	3.5 Hour	rs / Cycles
					Since New	Since Overhaul
Aircr	aft					
Engir	ie					
UAS						
ALM						
4.	Type Design and Ot	her Information		*	_	

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FORM - 25A APPLICATION FOR CERTIFICATE OF AIRWORTHINESS (COA)/ SIGNALING OUT CERTIFICATE FOR AN AIR SYSTEM

4.1	Milit	ary Type Certific	cation / Type Approval Basis (List &	attach)			
		MTC/RMTC N	MTC/RMTC No.:					
		Type Certificate	e Data Sheet No. and Revision I	No.:				
		License Agreen	nents for Production:					
		Standard of Pre	standard of Preparation (SOP):					
		Standard of Equ	tandard of Equipment (SOE):					
		Customer's Tes	Customer's Test Pilot's Acceptance Report:					
		Contractor's Te	st Pilot's Acceptance Report:					
4.2	List o	of Modifications fication)	and Repair Including Produc	tion De	viations (approved and	d install	ed since type	
4.2.1	SI/ S Repa Devia	TI/ UON/ ir / Production ation	4.2.2. Description	4.2.3	Approval / Installation Status	4.2.4	ICA Supplements / Remarks	
						ļ		
						ļ		
4.3	Modi	ification Details						
4.3.1	Modi No.	fication Leaflet	4.3.2 Description	4.3.3	Issuing Authority	4.3.4	Compliance Status / Comments	

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FORM - 25A APPLICATION FOR CERTIFICATE OF AIRWORTHINESS (COA)/ SIGNALING OUT CERTIFICATE FOR AN AIR SYSTEM

4.4	Mass and Balance for Air System:
	Report No.:
	Loading Schedule:
4.5	Conformity documentation (provide all applicable – follow the note in the guidance section)
	Statement of Conformity for Air system after Production:
	Acceptance of Production Deviation / Concessions (if applicable):
	Statement of Work carried out for Air system after Maintenance:
	Other:
4.6	Manuals and Instructions for Continuing Airworthiness (ICA)
	Approved Aircraft Flight Manuals and Revision No.:
	Approved Aircraft Maintenance Program and Revision No.:
	Operational Limitations:
	Permission/Authorisation from user:
	Other:
5.	Applicable Declaration
I here	by declared that:
	All requirements of approved maintenance program and applicable Modification Leaflets / Service Instructions have been complied with.
	The aircraft described above had been inspected and found airworthy in conformance with its approved type data.
	All information provided on this form is true and correct
	I understand and accept that for DGAQA to proceed with this application. I have supplied all supporting documentation to DGAQA.
	Signature
	Quality Department Head

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FORM - 28 CLEARANCE FOR SERVICE USE (CSU) OF AN AIRBORNE STORE

CLEARANCE FOR SERVICE USE OF AIRBORNE STORE FOR AIRSYSTEM <Name of the Platform>

1. INTRODUCTION:

< Introduction of Airborne Store to be provided>

2. <u>SERVICE CLEARANCE:</u>

<Statement of Service clearance for respective Platform shall be specified>

3. BASICS FOR CLEARANCE:

<Related basis of documents for clearance to be specified>

4. <u>LIMITATIONS:</u>

<Limitations wrt Airborne store to be specified if any>

5. <u>CONDITIONS OF CLEARANCE:</u>

- 5.1 This clearance is contingent upon the quality control aspects being cleared by DGAQA, Ministry of Defence, New Delhi.
- 5.2 This clearance will be invalid if any design/drawing changes are made resulting in variation in the build standard with respect to the standard of the equipment type tested.
- 5.3 The clearance is valid for service use onAir System only.
- 5.4 Necessary action to be initiated for issue of renewal/amendment of Type Approval at the earliest.

6. <u>TECHNICAL PARTICULARS OF THE AIRBORNE STORE:</u>

- i.
- ii.
- ...

iii.

CEMILAC / RCMA

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Government of India Ministry of Defence Centre for Military Airworthiness and Certification



Type Approval

Type Approval Number.:

This is to state that "<Airborne Store Name>", bearing Part No.:..... designed, developed and manufactured by <Contractor Name> is hereby Type Approved as per the Approved Component Build Standard (ACBS) vide document No. and conforms to Technical Specification No.: and Qualification Test Requirements approved by CEMILAC / RCMA(<Dealing RCMA>). The basis for this Type Approval and the relevant Airworthiness Approval information are described in the 'Type Approval Data Sheet (TADS)' at Appendix A.

This approval is valid subject to terms, conditions and renewal cum amendment details mentioned overleaf.

Chief Executive (Airworthiness) CEMILAC

Ref. No. CEMILAC/ / TA -..... Date : DDMMYYYY Encl: TADS

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FORM - 29 TYPE APPROVAL

Terms and Conditions of Type Approval

- 1. The Provisional Clearances accorded for this product are hereby superseded consequent to issuance of this Type Approval. The process adopted to manufacture this product is sealed henceforth. The Type Approval number quoted above must be reflected in all applicable documents.
- 2. This Type Approval is valid for 10 years unless otherwise cancelled or suspended or revoked. The vendor shall request the respective RCMA under intimation to CEMILAC, for subsequent renewal if required with all relevant documents including performance feedback.
- 3. Any changes to the type approved product shall be effected only with prior concurrence of CEMILAC, Bengaluru 560 037. The Type Approval is not transferable to any other agency without prior approval from CEMILAC.
- 4. This approval is contingent upon strict adherence to the quality control aspects of bulk production as stipulated by DGAQA, Ministry of Defence, Government of India.
- 5. Type Approval shall not constitute authority for fitment and integration on any platform unless called in the Equipment Standard of Preparation (ESOP) / Standard of Equipment (SOE) of the platform or specific clearance for service to that effect.

	Record of Provisional Clearances issued by RCMA				
Sl. No.	Reference of Provisional Clearance issued/ renewed with date	Validity			
1					
2					

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FORM -29A APPLICATION FOR ISSUE OF TYPE APPROVAL (TA)/PROVISIONAL CLEARANCE (PC) / LOTA (LETTER OF TECHNICAL APPROVAL)/ INDIAN MILITARY AVIATION TECHNICAL STANDARD ORDER (IMATSOA)

1. Reference					Date:
Select Applicable	D PC	□ TA	🗆 LoTA	□ IMATSOA	
In accordance with IN	ATAR-21, Subpart	C1, C1.22, 21.C1.2	4, 21.C2.9, 21.C4.	13, 21.C5.8	

Ζ.	Applicant's Informat	tion	
2.1	Applicant Company	Data	
2.1.1	Name and Address	Applicant Number	
	(As per Registration	(Company) Name	
	with Registrar of	Door/Street / Area	
	Companies, India)	Post Office	
	2013	City / State	
		PIN	
2.1.2	Contact Person	Title	□ Mr □ Ms
	(Responsible for this	Name	
	application	Last Name	
		Job title	
		Phone/Fax	
		Email (Official)	
2.2	Address for Commu	nication	
2.2.1	Address	(Company) Name	
	(Required for	Door/Street / Area	
	communication	Post Office	
	with regard to this	City / State	
	application	PIN	
2.3	Organization Approval Details		
2.3.1	DOA Details	DOA Number	
	(if applicable)	DOA Validity	
		DOA Scope	
3.	Airborne Store Descr	ription	
3.1	Airborne Store Ident	tification	

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FORM -29A APPLICATION FOR ISSUE OF TYPE APPROVAL (TA)/PROVISIONAL CLEARANCE (PC) / LOTA (LETTER OF TECHNICAL APPROVAL)/ INDIAN MILITARY AVIATION TECHNICAL STANDARD ORDER (IMATSOA)

3.1.1	Airborne Store Type Number / Part Number				
3.1.2	Airborne Store Nomenclature				
3.2	CEMILAC Project Code				
3.3	Brief about the Project	Not exceeding 100 words. Please add enclosure for additional details			
3.4	IMTAR Subpart	□ 21.C1	□ 21.C2	□ 21.C4	□ 21.C5

4.	Airborne Store Requ	irements Details
4.1	Staff Requirements	If applicable
4.2	Airworthiness Certification Criteria	
4.3	Airborne Store Requirement Specification	
4.4	Airworthiness Certification Plan	

5.	Airborne Store Conf	iguration
5.1	Standard of	List out all the documents that defines the build standard of airborne store. This may include
	Preparation	but not limited to MDI, BOM, VDD, Process document.

6.	Airborne Store Type Approval Compliance		
6.1	Limitations List		
6.2	Type Record	As per Form 29C	
6.3	TAB Compliance		
6.4	User Performance		
	feed back		
6.5	DoDP	As per Form 23 for IMATSOA	

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FORM -29A APPLICATION FOR ISSUE OF TYPE APPROVAL (TA)/PROVISIONAL CLEARANCE (PC) / LOTA (LETTER OF TECHNICAL APPROVAL)/ INDIAN MILITARY AVIATION TECHNICAL STANDARD ORDER (IMATSOA)

7. Applicant's Declaration I declare that I am authorized by my organization to submit this application to CEMILAC and that all information provided in this application form is correct and complete. I acknowledge that I have read and understood the IMTAR – 21. I understand that the submission of the application, by itself, does not entitle PC/TA/LoTA/IMATSOA. Place Date Head of Design Signature Important Note: CEMILAC cannot accept applications without signature. Please make sure that the application is signed and official seal stamped.

Note: Only references of the documents to be provided in the respective places. This application shall be accompanied by **Form 29C** along with the necessary documents. This application shall be forwarded to dealing RCMA / CEMILAC for further process.

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FFORM -29A APPLICATION FOR ISSUE OF TYPE APPROVAL (TA)/PROVISIONAL CLEARANCE (PC) / LOTA (LETTER OF TECHNICAL APPROVAL)/ INDIAN MILITARY AVIATION TECHNICAL STANDARD ORDER (IMATSOA)

Acknowledgement of Receipt of Application

1.	Applicant's Reference	Da	ite:
2	A ddawar	(Company) Name	
2.	Address	Door/Street / Area	
	(Required for communication)	Post Office	
	with regard to this approaction)	City / State	
		PIN	
3.	Airborne Store Title		

The application has been received at RCMA/CEMILAC on _____. The application will be reviewed and status will be informed in due course of time

RCMA/ CEMILAC For Chief Executive (Airworthiness)

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FORM -29B TYPE APPROVAL DATA SHEET (TADS)

In accordance with IMTAR-21, Subpart C, 21.C1.23, 21.C1.25.

Sl. No.	Description	Details/ Document Reference
1	Product Name	
2	Part number ¹	
3	Name & address of Design & Development Agency ²	
4	Name and Address of the Manufacturing agency ³	
5	Brief Product end use application (about 10 words)	
6	Technical Specification ⁴	
7	Master Drawing Index (MDI) and Bill of Materials (BOM) ⁵	
8	Standard of Preparation (SOP)	
9	Qualification Test Schedule (QTS)/ Qualification Test Plan (QTP)/ Qualification Test Procedure (QTP) ⁷	
10	Qualification Test Report (QTR) ⁸	
11	Provisional Clearance & renewals / extensions (PC)9	
12	Any other relevant information	

<u>Note</u>

- 1. Part number shall be unique to the product type approved (as in Provisional Clearance) and shall not be changed even if the product undergoes modifications in due course. In exceptional cases where the form, fit and function of the product is affected due to major modifications arising due to end use requirements, the modified product shall be taken up for supplementary type approval with a new part number. The extent of modification and the incremental qualification required for supplementary TA shall be evolved in consultation with RCMA and adequately documented as supplementary type record.
- Generally, IPR rests with D&D agency and D&D agency(ies) shall be responsible for any Design changes, Modifications, Defect Investigations, Repair schemes, Lifing studies, etc., that may arise during the life cycle. Any thing contrary to the above shall be explicitly captured in the TOT document duly approved by CEMILAC.
- 3. Manufacturer can be D&D agency itself or may be a development partner during D&D phase or any other agency that may acquire manufacturing rights based on TOT from the D&D agency. Although multiple agencies may manufacture the type approved item with same part number, the product label should adequately capture the name and address of the manufacturer for traceability.
- 4. All technical specifications shall be approved and authenticated by RCMA. Partial compliance and Deviations to Technical specifications are generally NOT acceptable. However, in exceptional cases the product deviations to the technical specification shall be adequately captured and included in the type approval data sheet duly concurred by RCMA.
- 5. The DAL and MDI shall be updated whenever there are issue changes and/ or modifications to the product. The same shall be approved by RCMA and taken up for incorporation in the type record and TA certificate at the time of subsequent TA renewal.

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FORM -29B TYPE APPROVAL DATA SHEET (TADS)

- 6. The product build standard shall be completely defined in the SOP/ ACBS document incorporating the latest issues of the applicable DAL/ MDI and Modifications that may be approved during the product lifecycle. The mod leaflets duly approved by RCMA shall be the authority for incorporating such changes till the amendment cum renewal to the TA is issued.
- 7. QTS/QTP shall capture the type certification test requirements in totality and shall be approved by RCMA.
- 8. QTR shall adequately capture the Compliance to QTS requirements and shall be vetted by DGAQA. DGAQA to coordinate all the Test reports carried out as per the QTS. Any deviations to test procedures and results shall be addressed completely and accepted by RCMA before recommending for type approval.
- 9. The renewal and validity and PC shall comply with relevant CEMILAC directives. The Type Approval issued supercedes all earlier PCs issued to the product. Even if the product undergoes modification that warrant field evaluation feedback, fresh PC shall not be issued.
- 10. D&D agency shall follow suitable Configuration Control mechanism (Document reference number, Issue/ version numbers, Sections, Page numbers, dates) for easy identification and traceability of all the above documents and their subsequent updates from time to time.

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FORM - 29C TYPE RECORD FOR AIRBORNE STORE

In accordance with IMTAR-21, Subpart C, 21.C1.23, 21.C1.25.

Sl No.	Contents of Type Record	Details, Refer-ence Number & Date	Identification in Type Record (as Appendix-A onwards with Page numbers)
1	Brief description of the product with end use application (Not more than 50 words)		
2	Identification of aeronautical store:		
	a Nomenclature		
	b Part Number		
3	High resolution colour photographs of the aeronautical store, Three views – Post Card Size (except for materials / consumables)		
4	Approved Component Build Standard (ACBS)/		
	Standard of Preparation (SoP) Document duly signed by the Designer and RCMA (which shall contain following documents like)***		
	a DAL / MDI (1 set of drawings to be enclosed)		
	b BOM / Index (as applicable)		
	c Process document		
	d Software Version Description Document (VDD)		
	e Any other applicable document that describe the build standard (Eg. Applicable Standards / Specifications for raw materials, paints, FOL items etc)		
5	Request letter for TA by Design and Developing agency to RD, RCMA (IPR holder for the product) Incase manufacturing agency is applying for renewal the application shall be countersigned by D&D agen- cy unless ToT document indicates that IPR has been transferred to manufacturing agency.		
6	Technical Specification		
7	Qualification Test Schedule and Test procedure doc- ument duly approved by RCMA.		
8	Qualification Test Reports (QTR) duly vetted by DGAQA (Report shall be uniquely identified by Document Number and Date)		
9	Certificate of Design		
10	Type Approval Basis (TAB)		
11	TAB Compliance (TABC)		

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FORM - 29C TYPE RECORD FOR AIRBORNE STORE

12	Type Approval Data Sheet (TADS) (As per Form 29B)	
13	ToT document (if applicable). [Scope of ToT shall clearly highlight whether Manu- facturing (or) Design & manufacturing. Also clearly mention transfer of IPR if included in scope of ToT]. In case of multiple ToT same shall be indicated .	
14	User Performance feedback, if available (from DGAQA/ QA of DPSU/ User Services) and other trial reports	
15	a Cost of the product per unit in rupeesb Quantity produced till date	
16	Provisional Clearance and subsequent extensions, amendments issued	
17	Deviations/ Concessions/ limitations w.r.t approval duly / authenticated by RD, RCMA or GD or Director	
18	Any other Remarks	
19	Recommendations of RD, RCMA for Type Approval with comments and observations, if any	

Signature of Authorised Head of Design

(With Office Seal) Date :

Signature of the Main Contractor (If applicable) (Note 1)

(With Office Seal)

Date :

Note:

- 1. If the applicant is not under DOAS Scheme, Main contractor signature to be obtained
- 2. Type record shall contain all the documents listed.
- 3. Contents of Type Record to be suitably indexed as appendix and flagged for easy identification and traceability
- 4. A soft copy of the Type Record shall be forwarded along with filled application for RMTC/MTC (Form 29A)

*** DAL / MDI, BOI, Process Document, Software version document, any other document which describe the build standard of the item (identified with Reference & date); shall form part of ACBS/ SoP which shall be identified with suitable reference and date.

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FORM -29D APPLICATION FOR RENEWAL OF TYPE APPROVAL

In acc	cordance with IMTAR – 21, Subpart C, 21.C1.28	
1	Type Approval No. and Date of Issue	:
2	Supplementary Type Approvals, if any	:
3	Product Nomenclature	:
4	Part Number	:
5	Name of the firm with Postal Address (If more than one firm is approved for manufacturing, the details of all firms with associated ToT references to be mentioned*1)	:
6	Previous Renewals/ Amendments references	:
7	Details of Changes/ Modifications since last renewal that require amendment to the TA, if any (Supporting documents to be enclosed)	:
8	Current build standard of the item with DAL/ MDI, BoM and SOP/ ACBS references	:
9	Quantity supplied since last renewal with details of rejections, if any, and corrective actions	:
10	Performance Feedback Report from User/ DGAQA/DPSU (Copy to be enclosed)	:

(Signature of Head of the Design)

Note:

1. Copies of complete ToT document shall be forwarded to CEMILAC as and when the ToT is effected

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FORM -29E APPLICATION FOR AMENDMENT OF TYPE APPROVAL

In accordance with IMTAR – 21, Subpart C, 21.C1.28

1	Type A	Approval Number	:
2	Part N	umber	:
3	Nome	nclature of the store	
4	Catego	ory of Amendment proposed	: A / B / C (Refer Note 1)
	i	If category A, Flight trial or User feedback	:
	ii	If category B, list of limitations and justification supported with flight trial feedback (Add and refer the separate sheets as annexure, if necessary)	:
		a)	
		b)	
		c)	
	iii)	If category C, list of new limitations and reasons	:
5)	Gover	ning Specification	:
6)	Standa	rd of Preparation or Build Standard	:
7)	Qualif	ication Test Plan / Test record	:
')	Qualit		

The Serial Numbers 4, 5 and 6 above are applicable ONLY if there is change in the issue / version from the issued Type Approval.

(Head of the Design) (Same authority as the issuer of Certificate of Design)

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FORM -29E APPLICATION FOR AMENDMENT OF TYPE APPROVAL

Note 1:

Category A: Inclusion of other platforms in addition to those mentioned in the Type Approval.

Category B: Overcoming of limitations stated in the initial approval. This is to be supported with details of Design MODs/ Upgrades/ Revisions taken up and proven adequately through ground runs and flight trials as deemed necessary.

Category C: Additional limitations / conditions that arise during service exploitation. These limitations / conditions might not have been foreseen during the initial approval.

Note 2:

The following DO NOT qualify to be taken up with CEMILAC through Form 29E:

- a Modifications under the purview of LMC
- b Changes to the Type record that do not lead to addition or removal of limitations/ conditions stated in the initial approval and
- c Changes to the Type record that do not alter the Compliance Matrix given in the Appendix 'A' of the initial TA.

The above mentioned aspects have to be ratified by the respective RCMA through LMC, as an interim endorsement to TA till it comes up for renewal. The ratification document issued by the RCMA shall restrict the scope and validity of to the subject purpose under consideration only

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FORM - 30 MILITARY TYPE CERTIFICATE

Enclosure to MTC _____

Details of the TC Holder	
ASDOA Number	
(Company) Name	
Address	
Air System Details	
Air System Type Number / Part Num-ber	
Air System Nomenclature	
CEMILAC Project Code	
IMTAR Sub-part	
Staff Requirements	
Airworthiness Certification Criteria	
Air System Requirement Specification	
Type Certification Basis	
Airworthiness Certification Plan	
Standard of Preparation	
Standard of Equipment	
TCB Compliance	
Limitations List	
Type Certificate Data Sheet	

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In accordance with IMTAR-21, Subpart B, 21.B1.19, 21.B1.20, 21.B2.20, 21.B2.21, 21.B3.20, 21.B4.18

Select Applicable 🛛 RMTC 🗖 MTC

1.	Reference	
1.1	Applicant's Reference	Date:

2.	Applicant's Information					
2.1	Applicant Company	Data				
2.1.1	Name and Address	Applicant Number				
	(As per Registration	(Company) Name				
	with Registrar of	Door/Street / Area				
	Companies, India)	Post Office				
	2013	City / State				
		PIN				
2.1.2	Contact Person	Title	□ Mr	□ Ms		
	(Responsible for this	Name				
	application)	Last Name				
		Job title				
		Phone/Fax				
		Email (Official)				
2.2	Address for Communication					
2.2.1	Address	(Company) Name				
	(Required for	Door/Street / Area				
	communication	Post Office				
	with regard to this	City / State				
	application	PIN				
2.3	Organization Approv	val Details				
2.3.1	DOA Details	DOA Number				
	(if applicable)	DOA Validity				
		DOA Scope				
3.	Air system Description					
3.1	Air system Identification					
3.1.1	Air system Type					
	Number / Part					
212	Number					
3.1.2	Air system Nomenclature					
		1				

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3.2	CEMILAC Project Code				
3.3	Brief about the Project	Not exceed	ing 100 words.	Please add enclosur	e for additional details
3.4	IMTAR Sub-part	□ 21.B1	□ 21.B2	□ 21.B3	□ 21.B4

4.	Air systems Requirements Details		
4.1	Staff Requirements	If applicable	
4.2	Airworthiness Certification Criteria		
4.3	Air system Requirement Specification		
4.4	Type Certification Basis		
4.5	Airworthiness Certification Plan		

5.	Air systems Configuration		
5.1	Standard of Preparation		
5.2	Standard of Equipment		

6.	Air systems Type Certification Compliance		
6.1	TCB Compliance		
6.2	Limitations List		
6.3	Type Record	As per Form 30C	

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7. Applicant's Declaration

I declare that I am authorized by my organization to submit this application to CEMILAC and that all information provided in this application form is correct and complete.

I acknowledge that I have read and understood the IMTAR – 21.

I understand that the submission of the application, by itself, does not entitle RMTC / MTC.

Place			
Date	Head of Design	Signature	Office Seal

Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is signed and official seal stamped.

Note: Only references of the documents to be provided in the respective places and this application shall be accompanied by Form 30C along with the necessary documents. This application shall be forwarded to dealing RCMA / CEMILAC for further process.

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Acknowledgement of Receipt of Application

1.	Applicant's Reference	Date	
2	2. Address (Required for communication with regard to this application)	(Company) Name	
2.		Door/Street / Area	
		Post Office	
		City / State	
		PIN	
3.	Air System Title		

The application has been received at CEMILAC on ______. The application will be reviewed and status will be informed in due course of time.

RCMA/ CEMILAC For Chief Executive (Airworthiness)

X C - D NO	TYPE (FORM - 30B CERTIFICATE DA	ATA SHEET
	7	Гуре Certificate Data	Sheet
	Document Nur	nber, Version	, Date
		Air System Type Number / PN _ Air System Nomenclature	
		ASDO Name ASDO Address	
		Revision History	
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FORM - 30B TYPE CERTIFICATE DATA SHEET

Contents

I. GENERAL

- 1. Type/Model
- 2. Performance Class
- 3. Certifying Authority
- 4. Manufacturer
- 5. CEMILAC Certification Application Date
- 6. CEMILAC Type Certification Date

II. CERTIFICATION BASIS

- 1. Type Certification Basis
- 2. Special Conditions
- 3. Exemptions / Deviations
- 5. Environmental requirements
- 6. Operational Suitability Data

III. TECHNICAL CHARACTERISTICS AND OPERATIONAL LIMITATIONS

IV. OPERATING AND SERVICE INSTRUCTIONS

- 1. Air System Flight Manual
- 2. Maintenance Instructions and Airworthiness Limitations

V. OPERATIONAL SUITABILITY DATA (OSD)

- 1. Master Minimum Equipment List
- 2. Flight Crew Data
- 3. Cabin Crew Data

VI. Certificate of Conformity (By the Quality Head Of The Organisation duly endorsed by DGAQA as Applicable)

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FORM - 30C TYPE RECORD FOR AIR SYSTEM

In accordance with IMTAR-21, Subpart B, 21.B1.19, 21.B2.20, 21.B3.20, 21.B4.18

SI No.	Contents of Type Record	Details, Reference Number & Date	Identification in Type Record (as Appendix-A onwards with Page numbers)
1	Brief description of the Air System (Not more than 50 words)		
2	Identification of Air System		
	a Nomenclature		
	b Part Number		
3	High resolution colour photographs of the Air System, Three views – Post Card Size (except for materials / consumables)		
4	Standard of Preparation (SoP) Document duly signed by the Designer and RCMA (which shall contain following documents like)		
	a MDI (1 set of drawings to be enclosed) at Air System level.		
	b Standard of Equipment (SOE)/ Equipment Standard of Preparation (ESOP)		
	c Process document		
5	Reference of the application for issue of RMTC/MTC by Design and Developing agency to RD, RCMA.		
6	Air System Requirement Specification (ARS)		
7	Qualification Test Schedule and Test procedure document for all the airborne stores duly approved by RCMA/ CEMILAC		
8	Qualification Test Reports (QTR) for all the airborne stores duly vetted by DGAQA (Report shall be uniquely identified by Document Number and Date)		
9	Certificate of Design (CoD)		
10	Type Certification Basis (TCB)		
11	TCB Compliance (TCBC)		
12	Type Certificate Data Sheet (TCDS) (As per Form 30B)		
13	ToT document (if applicable). [Scope of ToT shall clearly highlight whether Manufacturing (or) Design & manufacturing. Also clearly mention transfer of IPR if included in scope of ToT]. In case of multiple ToT same shall be indicated.		

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FORM - 30C TYPE RECORD FOR AIR SYSTEM

14	User Performance feedback, if available (from DGAQA/ QA of DPSU/ User Services) and other trial reports
15	a Cost of the product per unit in rupees
	b Quantity produced till date
16	RMTC and subsequent extensions, amendments issued if applicable
17	Deviations/ Concessions/ limitations w.r.t approval duly / authenticated by RD, RCMA or GD or Director
18	Any other Remarks

Signature of Authorised Head of Design

Date :

Note:

- 1. Type record shall contain all the documents listed.
- 2. Contents of Type Record to be suitably indexed as appendix and flagged for easy identification and traceability
- 3. A soft copy of the Type Record shall be forwarded along with filled application for RMTC/MTC (Form 30A)

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FORM -30D APPLICATION FOR RENEWAL OF RMTC/MTC FOR AIR SYSTEM

In accordance with IMTAR – 21, Subpart B, 21. B1.26, 21. B2.27, 21. B3.28, 21. B4.26

1)	RMTC/MTC No. and Date of Issue	:
2)	Air System Details	:
3)	Name of the firm with Postal Address	:
4)	Previous Renewals If any	:
5)	Details of Changes/ Modifications since last renewal that require amendment to the RMTC/MTC, if any(Supporting documents like AMTC/SMTCor Approved Modification leaflets to be enclosed)	:
6)	Current build standard of the Air System with SOP, SOE references	:
7)	Quantity supplied since last renewal with details of rejections, if any, and corrective actions	:
8)	Performance Feedback Report from User/ DGAQA/DPSU (Copy to be enclosed)	:

(Signature of Head of the Design)

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FORM - 31A DETAILS OF MODIFICATION PROPOSED FOR AIRSYSTEM

1 a	ccordance with IMTAR -21, S	ubpart D, 21.D.8		
	Originator			Serial No
	ModNo	Clas	s	Date
	Mod proposed for embodi	ment at		
	Title			
	Reason for introducing Mod	1		
	Trial Installation Required	Yes/No		
	Flight Trials Required	Yes/No		
	Effect or Relationship with	any other Mod, STI or SI	[
	Sl.No. of Air System on wh	ich the Mod will be first	embodied	
	Total No. of Air System on	which the Mod will be er	mbodied	
	List of new Parts required p	er Air system:		
	Part Number			
	Issue			
	Nomenclature			
	Qty per Air system			
	Agency responsible to supp	ly kit		
	Existing Part Rendered Red	undant:		
	Part Number			
	Issue			
	Nomenclature			
	Qty per Air system			
)	Existing parts which can be	recovered after rework		
	OldPt.No		NewPt.No	
	Issue		Issue	
	Description		Description	
	Qty per Air System		Qty per Air System	

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Centre for Military Airworthiness and Certification



FORM - 31A DETAILS OF MODIFICATION PROPOSED FOR AIRSYSTEM

(a) (b)	Cost 4 Mod Pt. No (i) (ii) (iii) (iii) (iv) (v) Rewo	of Modification Ki Kit o Parts Tooling Materials Fabrication Proprietary Items Man-hours for er	t per Air Sys Issue s mbodiment	tem: Rs Nomenclature Cost 		Qty.per Air System No. of Air System
(b) (c)	Mod Pt. No (i) (ii) (iii) (iv) (v) Rewo	Kit o Parts Tooling Materials Fabrication Proprietary Items Man-hours for er	Issue s nbodiment	Nomenclature Cost	· · · · · · · · · · · · · · · · · · ·	Qty.per Air System No. of Air System
(b) (c)	Pt. No New (i) (ii) (iii) (iv) (v) Rewo	o Parts Tooling Materials Fabrication Proprietary Items Man-hours for er	s nbodiment	Cost	· · · · · · · · · · · · · · · · · · ·	Air System No. of Air System
(b) (c)	New (i) (ii) (iii) (iv) (v) Rewo	Parts Tooling Materials Fabrication Proprietary Items Man-hours for er	s nbodiment	Cost		No. of Air System
(c)	 (i) (ii) (iii) (iv) (v) Rewood 	Tooling Materials Fabrication Proprietary Items Man-hours for er	s nbodiment			
(c)	(ii) (iii) (iv) (v) Rewo	Materials Fabrication Proprietary Items Man-hours for er	s nbodiment			
(c)	(iii) (iv) (v) Rewo	Fabrication Proprietary Items Man-hours for er	s nbodiment			
(c)	(iv) (v) Rewo	Proprietary Items Man-hours for er	s nbodiment			
(c)	(v) Rewo	Man-hours for er	mbodiment			
(c)	Rewo					
(c)	Rewo					
		ork				
	(i)	Tooling	Rs			
	(ii)	Parts	Rs		(No. of sets.)
(d)	Total	cost of introducing	g Mod for the	e No. of Air Syste	m given in P	ara(6)above
	(b+c))	Rs			
(a)	Dadu	ndanav				
(0)	(i)	Tooling	Rs			
	(i) (ii)	Darts	Ro			
	(11)	1 arts	ICS			
Foreigr	n excł	nange requirement				
Whethe	er Fre	sh allotment requir	red	Yes/N	lo	
Siona	ature o	of Head of Design				Signature of Head of Ouali

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FORM - 31B DETAILS OF MODIFICATION PROPOSED FOR AIRBORNE STORES

ccord	dance of IMTAR-21, Subpart E, 21.E.5		
С	Driginator	Serial No.	
Ν	/lodNo	Class Date	
Ν	Nod proposed for embodiment at		
Т	Title		
_			
Re	ason for introducing Mod		
Tri	al Installation Required Ves/No		
Flie	oht Trials Required Ves/No		
Eff	ect or Relationship with any other Mod	STI or SI	
SI	No. of airborne stores on which the Mo	d will be first embodied	
Tot	tal No. of airborne stores on which the N	ad will be embedied	
	to fnew Parts required per Airborne store		
	A of new 1 and required per Anoonie stol		
Pa	art Number		
ls	sue		
N	omenclature		
Q	ty per Air system		
Ag	ency responsible to supply kit		
Exi	isting Part Rendered Redundant:		
Pa	art Number		
Is	sue		
Ν	omenclature		
Q	ty per Air system		
Exi	isting parts which can be recovered after	rework	
0	ldPt.No	NewPt.No	
Is	sue	Issue	
D	escription	Description	
	ty per Air System	Oty per Air System	



FORM - 31B DETAILS OF MODIFICATION PROPOSED FOR AIRBORNE STORES

(ii) (iv) (iv) (iv) (iv) (iv)	od Kit . No ew Parts) Tooling) Materials	Issue Nome	enclature	Qty.pe Airbor	r ne stores
Pt. b) Ne (i) (ii) (ii) (ii)	. No ew Parts) Tooling) Materials	Co	ost	Airbor	ne stores
b) Ne (i) (ii) (iii) (iv)	ew Parts Tooling) Materials	Co	ost		No. of Airborno store
(i) (ii) (ii) (iv)	ToolingMaterials				No. of Airborne store
(ii) (ii) (iv) Materials				
(ii (iv					
(iv	i) Fabrication				
	v) Proprietary Items				
(v)) Man-hours for emb	oodiment			
c) Re	ework				
(i)	Tooling	Rs			
(ii) Parts	Rs	(No.	of sets	.)
d) To	tal cost of introducing N	Mod for the No.	of Airborne store	s given in Para	a(6)above
(b-	+c)	Rs			
e) Re	edundancy				
(i)) Tooling	Rs			
(ii	i) Parts	Rs			
oreign e	xchange requirement				
Whether	Fresh allotment require	d	Yes/No		
(b (e) Re (i) (ii) Voreign e: Whether	+c) edundancy) Tooling i) Parts xchange requirement Fresh allotment required	_ Rs Rs d	Yes/No	Signat	ure of Head of Quali

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FORM - 31C APPLICATION FOR APPROVAL OF REPAIR SCHEME

In accordance with IMTAR-21, Subpart M, 21.M.3

ence				
icant's	Reference			Date:
Opera	ator	:		
Aircr	aft Type	:		
Aircr	aft Registration/Tail No.	:		
Manı	ifacturer of Aircraft	:		
Agen	cy Carrying out Repair	:		
Repa	ir Reference No.	:		
Repa	ir Classification	:	Minor / Major	
a.	If Minor, Is Repair As per Repair Manual	:	Yes / No	
b.	If answer to 7(a) is 'No', Concurrence			
	Obtained from RCMA/CEMILAC	:	Yes / No	
c.	If answer to 7(b) is 'No', Justification from Chief of Design to be furnished as Annexure.			
Brief	Description of Repair	:		
Origi	nal Drawings Affected	:	Yes / No	
New	Drawings Introduced	:	Yes / No	
Any	of the following is Affected			
a.	Operating Limitations	:	Yes / No	
	(Safety/Strength/Life/Configurations)			
b.	Operating Procedures	:	Yes / No	
	(Performance/Functioning)			
c.	Maintenance procedures	:	Yes / No	
d.	Interchangeability	:	Yes / No	
List o	of Affected Manuals	:		
Brief	on Affected Manuals	:		
	rence icant's Opera Aircr Aircr Manu Agen Repa a. b. c. Brief Origi New Any o a. b. c. d. List o Brief	rence icant's Reference Operator Aircraft Type Aircraft Registration/Tail No. ManuTacturer of Aircraft Agency Carrying out Repair Repair Reference No. Repair Classification a. If Minor, Is Repair As per Repair Manual b. If answer to 7(a) is 'No', Concurrence Obtained from RCMA/CEMILAC c. If answer to 7(b) is 'No', Justification from Chief of Design to be furnished as Annexure. Brief Description of Repair Original Drawings Affected Any of the following is Affected Any of the following is Affected a. Operating Limitations (Safety/Strength/Life/Configurations) b. Operating Procedures (Performance/Functioning) c. Maintenance procedures d. Interchangeability List of Affected Manuals	rence icant's Reference : Aircraft Type : : Aircraft Registration/Tail No. : Manufacturer of Aircraft : : Agency Carrying out Repair : : Repair Reference No. : : Repair Classification : : a. If Minor, Is Repair As per Repair Manual : : b. If answer to 7(a) is 'No', Concurrence Obtained from RCMA/CEMILAC : : c. If answer to 7(b) is 'No', Justification from Chief of Design to be furnished as Annexure. Brief Description of Repair : : New Drawings Affected : : Any of the following is Affected : : a. Operating Limitations : : (Safety/Strength/Life/Configurations) : : b. Operating Procedures : : Any of the following is Affected : : Any of the following : : Affected Manuals : :	rence icant's Reference Operator Aircraft Type : Aircraft Registration/Tail No. Manufacturer of Aircraft Agency Carrying out Repair Repair Reference No. Repair Classification : Minor / Major a. If Minor, Is Repair As per Repair Manual : Yes / No b. If answer to 7(a) is 'No', Concurrence Obtained from RCMA/CEMILAC : Harswer to 7(a) is 'No', Concurrence Obtained from RCMA/CEMILAC : Harswer to 7(b) is 'No', Justification from Chief of Design to be furnished as Annexure. Brief Description of Repair rule rule

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Directorate General of Aeronautical Quality Assurance



FORM - 31C APPLICATION FOR APPROVAL OF REPAIR SCHEME

:

14. Requirement for SI/STI

Yes / No

15. Brief on SI/STI

Authorised Signatory (Design) (with Remarks)	
Authorised Signatory (QC) (with Remarks)	
Authorization from Head of Organisation	
Recommendation by ORDAQA / DGAQA (For Repairs classified as Minor or Major)	
Approval by RCMA / CEMILAC	
(For Repairs classified as Major of if any of 11(a)(b)(d)) is Yes	
Approval by ORDAQA / DGAQA	
(For Repairs classified as Minor of if 11(a)(b)(d)) is No	

|--|



FORM - 32A ALTERATION / AMENDMENT FOR AIR SYSTEM

In accordance with IMTAR-21, Subpart D, 21.D.4

AMENDMENT / ALTERATION / DRAWING CHANGE FORM

	Name	e & Sig	nature	Da	nte		ALT / AMD N	lo.	LRI	U / AIRFRAME	
PREPARED BY						REA	SON FOR CHA	ANGE	PROJ	ECT	
CHECKED BY									REF.	DRG. / DAL NO).
INTERNAL											
APPROVAL BY				ļ		<u> </u>		-			
LIAISON BY						DRA	WING / DAL N	VAME:	PART	'S AFFECTED	
COORDINATED BY RDAQA											
APPROVED BY RCMA											
RELEASED BY *						1					
DISPOSITION OF FABRICATED PARTS	NOT AFFECED	USE **	REWORK **	SCRAP **	NO STOCK	EFFI	ECTIVE ON PA	ART NO.	AMD	. CLASS	
BLOCK AFFECTED	V					AME INCO IN D). DRPORATED RAWING	ISSUE NO.:	AMD	NO.	
						YES		DATE]		
	I							1			
SI. NO. Old Draw No.	ing N D	lew)rawing	No.	Old MDI No	o. New M No.	1DI	Change description	Change Notice No. / Pr Slip (PS	e (CN) roject S) No.	Applicability	
1											
2					1			1			
3					1						
4											
											\square
Organisation Name:											
*Concerned Liaison / Ro	elease	agency									
** Specific applicable ca agencies.	ases sh	all be di	iscussed	d with conce	erned field	establi	ishment of CEN	AILAC &	DGA	A and productio	'n

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FORM - 32B ALTERATION / AMENDMENT FOR AIRBORNE STORES

In accordance with IMTAR-21, Subpart E, 21.E.4

AMENDMENT / ALTERATION / DRAWING CHANGE FORM

	Nam	e & Sigi	nature	Da	ite		ALT / AMD N	lo.	A	irborne Store
PREPARED BY						REA	SON FOR CHA	ANGE	PROJ	ECT
CHECKED BY]			REF.	DRG. / DAL NO.
INTERNAL APPROVAL BY										
LIAISON BY						DRA	WING NAME:		PART	S AFFECTED
COORDINATED BY RDAQA]				
APPROVED BY RCMA										
RELEASED BY *]				
DISPOSITION OF FABRICATED PARTS	NOT AFFECED	USE **	REWORK **	SCRAP **	NO STOCK	EFFE	ECTIVE ON PA	ART NO.	AMD	. CLASS
BLOCK AFFECTED	\checkmark					AME INCO IN D). DRPORATED RAWING	ISSUE NO.:	AMD	NO.
						YES		DATE		
SI. NO. Old Draw No.	ing N	Vew Drawing	No.	Dld MDI No	D. New M No.	1DI	Change description	Change Notice No. / Pr Slip (PS	e (CN) roject S) No.	Applicability
1										
2								1		
3								1		
4										
Organisation Name: * Concerned Liaison / R ** Specific applicable c	telease ases sh	agency all be di	scussed	l with conce	erned conc	erned f	îeld establishm	ent of CE	EMILA	C & DGAQA and
production agencies.										

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FORM - 33A ADVANCE MODIFICATION INFORMATION FOR AIR SYSTEM

In accordance with IMTAR-21, Subpart D, 21.D.8

NAME DESIGN	OF THE AGENCY	ADVA MODIFI INFORM	ANCE CATION MATION	PROJECT	MODIFICA N NO.	ΓΙΟ	CLASS	AMEND. NO.	DATE
1 Title				4 Applicability			5 Requir	rement	
2 Reason				6 Relations with	other MODs, S	STI, S	SI, Etc.		
3 History				7 Trial Complian	nce report detai	ls if r	equired		
10 Comme	nts by Origi	nators		8 Drawings/P.S					
Remarks Production	Engg -				NEW	R	evised	Not Requir	red
Quality Cor	ntrol -			9 Other Aspects		C			
Platform R	CMA			a New Compone Ref.PartNo.	ents e Per f Int	rform erface	ance	j EMI/EM k Safety	IC
ORDAQA	-			b Manf./Supplie	r g Ma	ateria	ls	1 GSE	
User Rep-			c MTC/RMTC h Process						
				d MOD status if	any i Tes	sting			
				Clearance					
Approval									
(Origin-	Compiled	Checked	Approved	R	egional Director	r			
ators)	by	by	by		RCMA			Sheet 1 of 2 Sl	heets

Duttion rumber no rom ension rumber no Dutti Sandary 2021



FORM - 33A ADVANCE MODIFICATION INFORMATION FOR AIR SYSTEM

11 Interchangeabilit	y affected?		Yes/No		
12 Operation by Air	crew affected?		Yes/No		
13 Operation by Gro	ound crew affected	?	Yes/No		
14 Accessibility affe	ected?		Yes/No		
15 Maintainability a	iffected?		Yes/No		
16 Documentation a	iffected?		Yes/No		
17 Spares affected?			Yes/No		
18 Equipment affect	ted?		Yes/No		
19 Retro embodiment	nt man hours (Estir	nated)			
20 a. Weight change	;				
20 b. Moment chang	ge				
21 Dimension Chan	ges		Yes/No		
				Clearance	
Approval				Regional Director	
(Originators)	Compiled by	Checked by	Approved by	RCMA	Sheet 2 of 2 Sheets

NOTE: Give full details if answer to Sl.No.11 to 18 is "Yes".

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FORM - 33B ADVANCE MODIFICATION INFORMATION FOR AIRBORNE STORE

In accordance with IMTAR 21 Subpart E, 21.E.5

NAME DESIGN	OF THE AGENCY	ADVA MODIFI INFORM	ANCE CATION MATION	PROJECT	MODIFICATIO N NO.	CLASS	AMEND. NO.	DATE
1 Title				4 Applicability		5 Requir	rement	
2 Reason				6 Relations with	other MODs, STI	SI, Etc.		
3 History				7 Trial Complian	nce report details in	required		
10 Comme	nts by Origi	nators		8 Drawings				
Remarks					NEW	Revised	Not Requir	red
Production	Engg -			9 Other Aspects				
Quality Con Platform R	ntrol - CMA			a New Compone Ref.PartNo.	ents e Perfor f Interfa	mance ce	j EMI/EM k Safety	1C
ORDAQA	-			b Manf./Supplie	r g Mater	als	1 GSE	
User Rep-				c Type Approval	h Proce	s		
				d MOD status if	any i Testing	5		
				Clearance				
Approval								
(Origin-	Compiled	Checked	Approved	R	egional Director			
ators)	by	by	by		RCMA		Sheet 1 of 2 S	heets

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FORM - 33B ADVANCE MODIFICATION INFORMATION FOR AIRBORNE STORE

11 Interchangeabilit	y affected?		Yes/No		
12 Operation by Air	crew affected?		Yes/No		
13 Operation by Gro	ound crew affected	?	Yes/No		
14 Accessibility affe	ected?		Yes/No		
15 Maintainability a	affected?		Yes/No		
16 Documentation a	affected?		Yes/No		
17 Spares affected?			Yes/No		
18 Components affe	ected?		Yes/No		
19 Retro embodime	nt man hours (Estin	mated)			
20 a. Weight change	2				
20 b. Power Requir	ement Change				
21 Dimension Chan	ges		Yes/No		
				Clearance	
Approval				Regional Director	
(Originators)	Compiled by	Checked by	Approved by	RCMA	Sheet 2 of 2 Sheets

NOTE: Give full details if answer to Sl.No.11 to 18 is "Yes".

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FORM - 34A FORMAT OF INDEX OF MODIFICATIONS FOR AIR SYSTEM

In accordance with IMTAR – 21, Subpart D, 21.D.9

Mod Category No.	Description @	LMC Meeting No. at which approved	Applicab- ility*	\$P.O.E in Prodn. No. of AC/ Eng / Rotable	Whether retro compliance required and if so when? i.e Whether during O/H or at any other point	Remarks

*-Specific Mk No. of Air system Engine or Rotable is to be indicated and As many separate columns as needed to cover all marks to be opened. @-Description should be brief.\$-P.O.E stands for Point of Embodiment in production.

Signature of Main contractor Design

Signature of Methods

Signature of Quality

Coordination of CEMILAC

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FORM - 34B FORMAT OF INDEX OF MODIFICATIONS FOR AIRBORNE STORES

In Accordance with IMTAR 21 Subpart E, 21.E.5

Mod No.	Category	Description @	LMC Meeting No. at which approved	Applicab- ility*	\$P.O.E in Prodn. No. of AC/ Eng / Rotable	Whether retro compliance required and if so when? i.e Whether during O/H or at any other point	Remarks

*-Specific Mk No. of Air system Engine or Rotable is to be indicated and As many separate columns as needed to cover all marks to be opened. @-Description should be brief. \$-P.O.E stands for Point of Embodiment in production.

Signature of Main contractor Design

Signature of Methods

Signature of Quality

Coordination of CEMILAC

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FORM - 35A MODIFICATION LEAFLET FORMAT FOR AIR SYSTEM

AUTHORITY _____

Number _____

Date _____

(Name & Address of Contractor / Firm)

MODIFICATION LEAFLET

Sheet No _____ Issue No _____

Title

Class _____ Type _____

1	Reasons
1	reasons

2 Embodiment

- a Whether retro mod is applicable:
- b Compliance of retro mod
 - i Immediate
 - ii During MR / CR

c Whether the mod is within the capability of compliance

- i By user unit
- ii At user unit by Organisation
- iii At Organisation only

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FORM - 35A MODIFICATION LEAFLET FORMAT FOR AIR SYSTEM

- d Cost of Embodiment
 - i Mod Kit per Air System supplied to User unit
 - ii Embodiment of Mod per Air System by Organisation team at User unit
 - iii Embodiment of mod per Air System at Organisation
- 3 Approximate Time Required
 - i Supply of Mod Kit
 - ii Embodiment of Mod on Air System
- 4 Documents /Drawing Required
- 5 Parts and Special Tools Required
- 6 Modification of Spares
- 7 Change of Reference Nos. or Assembly No.
- 8 Sequence of Operation
- 9 Special Tests after Embodiment
- 10 Record Action
- 11 Disposal of Redundant Parts
- 12 Effect on Weight and Balance
- 13 Effect on Air System or Equipment Operation, Handling and Maintenance
- 14 Effect on Publications
- 15 Relationship of the mod with other existing modifications

Amendment to be introduced to technical Data Book / Maintenance and Servicing Manual / Parts catalogue and other publications as applicable

Signature Head of Design Signature Head of Methods Signature Head of Quality

Approval by CEMILAC



FORM - 35B MOD LEAFLET FORMAT FOR AIRBORNE STORES

In ac	ccorda	nce wit	h IMTAR 21 Subpart E, 21.E.5	
	Al	UTHOR	NITY	Number
				Date
	(Nar	me & A	ddress of Contractor / Firm)	
			MODIF	ICATION LEAFLET
				Sheet No
				Issue No
Title				Class
11010				Туре
1	Reas	sons		
2	Emb	oodimer	nt	
	а	Whe	ther retro mod is applicable:	
	b	Com		
		i	Immediate	
		ii	During MR / CR	
	c	Whe	ther the mod is within the capability	of compliance
		i	By user unit	
		ii	At user unit by Organisation	

iii At Organisation only

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FORM - 35B MOD LEAFLET FORMAT FOR AIRBORNE STORES

- d Cost of Embodiment
 - i Mod Kit per Air System supplied to User unit
 - ii Embodiment of Mod per Air System by Organisation team at User unit
 - iii Embodiment of mod per Air System at Organisation
- 3 Approximate Time Required
 - i Supply of Mod Kit
 - ii Embodiment of Mod on Air System
- 4 Drawing Required
- 5 Parts and Special Tools Required
- 6 Modification of Spares
- 7 Change of Reference Nos. or Assembly No.
- 8 Sequence of Operation
- 9 Special Tests after Embodiment
- 10 Record Action
- 11 Disposal of Redundant Parts
- 12 Effect on Weight and Balance
- 13 Effect on Air System or Equipment Operation, Handling and Maintenance
- 14 Effect on Publications

Amendment to be introduced to technical Data Book / Maintenance and Servicing Manual / Parts catalogue and other publications as applicable

Signature Head of Design Signature Head of Methods Signature Head of Quality

Approval by CEMILAC



FORM - 36 APPLICATION FOR CONCESSION ON MODIFICATION / SI/ STI/ SB

In accordance with IMTAR – 21, Subpart F 21.F.22, Subpart D 21.D.10, Subpart E 21.E.10

PART A

(To be completed by the Main Contractor / Firm)

SI.no.				Date:
1	Name	and Address of the Contractor / Firm	:	
2	Name	/ Description of the Modification	:	
3	SOP /	SOE Ref No. and Date:		
4	No. of (Delet	the Modification/Bulletin/Change Notice whichever is not applicable)	:	
5	Class Class	of Modification along with reference to Decision.		:
6	Reaso	ns for Concession		
	i	Drawing/Tech. data not available	:	
	ii	Modified Component/Material/Spares not available	:	
	iii	Tooling/Machinery not available	:	
	iv	Any Other	:	
7.	Action taken for overcoming the problem stated in Para (6) above		:	
8.	Period for which Concession is sought		:	
9.	Nos. of Air Systems/ Airborne Stores affected by this Concession (Mention Serial Nos. and part numbers also wherever applicable).		:	

Signature of Authorised Design Rep

Signature of Authorized Head of Quality

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FORM - 36 APPLICATION FOR CONCESSION ON MODIFICATION / SI/ STI/ SB

PART B

Remarks of ORDAQA

1 ReferenceNo.

[Signature] ORDAQA

PART - C

(To be completed by Chairman L.C.C.)

1 Decision of LCC

2 Reference No. LCC Meeting

[Signature] Chairman L C C

:

:

<u>PART - D</u>

(To be completed by concerned Directorate of User service HQ for Class B/2 modifications). Decision of User service Headquarters:

1 Reference No.

[Signature] Dated :

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FORM - 38A APPLICATION FOR TRANSFER OF RMTC/MTC

In accordance with IMTAR - 21, Subpart B, 21.B1.25, 21.B2.26, 21.B3.27, 21.B4.25

1.	Grantor's Reference	Date:

2.	MTC / RMTC Detail	s				
2.1	RMTC / MTC Details	MTC Number and Date of Issue				
		Validity of MTC				
		Type Number / Part Number				
		Air System Nomenclature				
		MTC issued under Subpart	□ 21.B1	□ 21.B2	□ 21.B3	□ 21.B4
		Latest TCDS Reference				

3. Grantor's (MTC Holder) Information			
3.1 Applicant Company	Data		
Name and Address	Applicant Number		
(As per Registration with	(Company) Name		
Registrar of Companies,	Door/Street / Area		
India)	Post Code		
Companies Act, 2013	City / State		
	PIN		
3.2 Organization Approval Details			
DOA Details	DOA Number		
(if applicable)	DOA Validity		
	DOA Scope		

4.	Receiver's Information	
4.1	Address	(Company) Name
(Required for communication with regard to this application)	Door/Street / Area	
	with regard to this application)	Post Code
		City / State
		PIN

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FORM - 38A APPLICATION FOR TRANSFER OF RMTC/MTC

4.2	DOA Details	DOA Number	
	(if applicable)	DOA Validity	
		DOA Scope	

5.	Transfer Details	
5.1	Reasons for Transfer	
5.2	Transfer Agreement	

0.	Grantor's Declaration
	I declare that I am authorized by my organization to sign this application to CEMILAC and that all information
provid	ded in this application form is correct and complete.

I acknowledge that I have read and understood the IMTAR – 21.

I understand that the submission of the application, by itself, does not entitle transfer of RMTC / MTC.

Place :		
Date :	Name	Signature

7. Receiver's Declaration

I declare that I am authorized by my organization to sign this application to CEMILAC and that all information provided in this application form is correct and complete.

I acknowledge that I have read and understood the IMTAR - 21.

I understand that the submission of the application, by itself, does not entitle transfer of RMTC / MTC.

I understand that the transfer entitles the privileges of a MTC holder but also assumes all responsibilities. These responsibilities include the continued airworthiness responsibilities for all aircraft produced under that MTC (inclusive of those aircraft produced by previous MTC holders).

Place :		
Date :	Name	Signature

Important Note: CEMILAC does not accept applications without signature. Please make sure that the application is
signed and official seal stamped.
This Application should be sent by fax, e-mail or regular mail to:
The Chief Executive (Airworthiness)
Centre for Military Airworthiness & Certification (CEMILAC)
Defence R&D Organization, Ministry of Defence
Marathahalli Colony Post, Bengaluru - 560037

Fax: +91 (0)80 25230856

E-mail: chief@cemilac.drdo.in

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FORM - 38A APPLICATION FOR TRANSFER OF RMTC/MTC

Acknowledgement of Receipt of Application

1.	Applicant's Reference	Date		
		(Company) Name		
^{2.}	Address	Door/Street / Area		
	(Required for communication with regard to this application)	Post Office		
		City / State		
		PIN		
3.	Air System Title			

The application has been received at CEMILAC on ______. The application will be reviewed and status will be informed in due course of time.

Public Interface Cell, CEMILAC For Chief Executive (Airworthiness)



FORM - 38B APPLICATION FOR TRANSFER OF PC/TA/ LOTA/IMATSOA

In accordance with IMTAR – 21, Subpart C, 21.C1.26, 21.C2.3, 21.C4.15, 21.C5.15

1. **Grantor's Reference**

Date:

2.	PC/TA/LoTA/IMATS	SOA Details				
2.1	PC/TA /LoA / IMTSOA Details	PC/TA/LoTA/ IMATSOA Number and Date of Issue				
		Validity of PC/TA / LoTA/IMATSOA				
		Type Number / Part Number				
		Airborne Store Nomenclature				
		TA issued under	□ 21.C1	□ 21.C2	□ 21.C3	□ 21.C4
		Subpart	□ 21.C5	□ 21.C6		
		Latest TADS Reference				

3. Grantor's (TA Holder) Information					
3.1 Applicant Company	3.1 Applicant Company Data				
Name and Address	Applicant Number				
(As per Registration with	(Company) Name				
Registrar of Companies,	Door/Street / Area				
India)	Post Code				
Companies Act, 2013	City / State				
	PIN				
3.2 Organization Approv	3.2 Organization Approval Details				
DOA Details	DOA Number				
(if applicable)	DOA Validity				
	DOA Scope				

4.	Receiver's Information					
4.1	Address (Company) Name			
	(Required for	Door/Stree	et / Area			
	communication with regard to this	Post Code				
	application)	City / Stat	e			
	. ,	PIN				
		1		,		
	Edition Number:	1.0	Form	Version Number: 1.0	Date: January 2021	

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FORM - 38B APPLICATION FOR TRANSFER OF PC/TA/ LOTA/IMATSOA

4.2	DOA Details	DOA Number	
	(if applicable)	DOA Validity	
		DOA Scope	

5.	Transfer Details	
5.1	Reasons for Transfer	
5.2	Transfer Agreement	

6. Grantor's Declaration

I declare that I am authorized by my organization to sign this application to CEMILAC and that all information provided in this application form is correct and complete.

I acknowledge that I have read and understood the IMTAR – 21.

I understand that the submission of the application, by itself, does not entitle transfer of PC/TA/ LoTA/IMATSOA

Place :		
Date :	Name	Signature

7. Receiver's Declaration

I declare that I am authorized by my organization to sign this application to CEMILAC and that all information provided in this application form is correct and complete.

I acknowledge that I have read and understood the IMTAR – 21.

I understand that the submission of the application, by itself, does not entitle transfer of PC/TA/ LoTA/IMATSOA.

I understand that the transfer entitles the privileges of a PC/TA/ LoTA/ IMATSOA holder but also assumes all responsibilities. These responsibilities include the continued airworthiness responsibilities for all Airborne stores produced under that PC/TA/ LoTA/IMATSOA.

Place :		
Date :	Name	Signature

Note: This application shall be forwarded to dealing RCMA / CEMILAC for further process.

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FORM - 38B APPLICATION FOR TRANSFER OF PC/TA/ LOTA/IMATSOA

Acknowledgement of Receipt of Application

1.	Applicant's Reference	Date			
2 Address	(Company) Name				
2.		Door/Street / Area			
	with regard to this application	Post Office			
	while regard to this application)	City / State			
		PIN			
3.	Airborne Store Title				

The application has been received at RCMA/ CEMILAC on ______. The application will be reviewed and status will be informed in due course of time.

RCMA/ CEMILAC For Chief Executive (Airworthiness)



FORM - 40 BOUGHT-OUT ITEM CLEARANCE

CLEARANCE OF AIRBORNE STORE FOR

AIRSYSTEM <Name of the Platform>

1. INTRODUCTION:

< Introduction of Airborne Store to be provided>

2. SERVICE CLEARANCE:

<Statement of BoI clearance for respective Platform shall be specified>

3. BASICS FOR CLEARANCE:

<Related basis of documents for clearance to be specified>

4. LIMITATIONS:

<Limitations wrt Airborne store to be specified if any>

5. CONDITIONS OF CLEARANCE:

- 5.1 This clearance will be invalid if any design/drawing changes are made resulting in variation in the build standard with respect to the standard of the equipment type tested.
- 5.2 The clearance is valid for service use on Air System only.

6. TECHNICAL PARTICULARS OF THE AIRBORNE STORE:

- i.
- ii.
- 11.
- iii.

CEMILAC / RCMA

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FORM - 40A APPLICATION FOR CLEARANCE OF AIRBORNE STORE IMPORTED FROM FOREIGN COUNTRY

In accordance with IMTAR-21, Subpart N, 21.N.3 & Subpart S, 21.S.2

- 1. Whether clearance required for development flight trials/series production:
- 2. Requirements / Technical Specification approved by CEMILAC:
- 3. Brief Descriptionand Intended usage:
- 4. Details of the airborne store meeting the spec/Req referred at para 2:
 - a. Part No of the Airborne store:
 - b. OEM of the airborne store:
 - c. Country of Origin:
 - d. OEM Technical Specification reference (Copy to be enclosed)
- 5. Details of the OEM:
 - a. Name & address:
 - b. DOA from country of Origin (if available copy to be enclosed):
 - c. Details of airborne store delivered:
- 6. Details of the proposed airborne store:
 - a) Whether the airborne store is approved /Certified by National Civil/Military Airworthiness Authority: if yes following to be provided
 - Name of the Airworthiness Authority:
 - Certificate/Approval reference: (Copy to be enclosed)
 - Validity of the approval referred above:
 - Limitations &Conditions of Approval:
 - b) If already installed/in service with other Aircraft/Helicopter/Engines, details thereof:
 - c) Qualification Test Plan & Reports: (To be enclosed)
 - d) Design Declaration Performance by OEM: (To be enclosed)
- 7. Compliance Report by the applicant to Spec referred at para 2:
- 8. Details required to be submitted for issue of Development Flight Clearance/ Integration Clearance.
 - Compliance Report by the applicant to meet the SOFT/LQT requirements:
 - Compliance Report by the applicant to meet the Software/CEH certification requirements as defined in SI. No 2:
 - Lab Integration Test details:
 - Aircraft ground integration test details:
 - Conditions / Limitations for use on the Platform:(To be provided by the applicant)



FORM - 40A APPLICATION FOR CLEARANCE OF AIRBORNE STORE IMPORTED FROM FOREIGN COUNTRY

- 9. Details required to be submitted for issue for series Production/Procurement/BoI Clearance:
 - Compliance Report by the applicant to meet the QT requirements:
 - Compliance Report by the applicant to meet the Software/CEH certification requirements as defined in SI. No 2
 - Flight Test Reports:
 - Lifing details of the airborne store:
 - M.T.B.F & M.T.B.R:
 - Documents required for continued airworthiness:
 - Documents required for in service maintenance:
 - Details of TTGE:
- 10. Design Declaration:

I declare that I am authorized by my organization to submit this form to CEMILAC and that all information provided in this form is based on the technical data provided by the OEM of the airborne store.

I acknowledge that I have read and understood the IMTAR - 21.

I understand that the submission of the application does not entitle certification by CEMILAC

Signature Head D&D

- 11. Quality Assurance / Inspection Approval details
 - a) Is the Company supply the airborne store has/have the approval of the Civil/ Military authorities of the country of origin.
 - b) Name and rank of the release notesignatory.
 - c) A brief outline of the Quality Assurance Program / Plan prevailing at the works of the supplier.
- 12. Chief of Quality Declaration:

I have studied the Quality Assurance /Inspection approval details submitted by the OEM of the airborne store and found to be satisfactory.

The airborne store manufactured by this OEM will meet all the necessary Quality requirements for the subject airborne store and the same can be installed on the Air System.

Name Signature

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In accordance with IMTAR – 21, Subpart C1, 21.C1.18, Subpart C2, 21.C2.9 & Subpart C3, 21.C3. 1.20.

Part	Part - I (Reference): Incident / Accident/ Snag / Explosive						
a) De	fect Report (DR) No	:	(as per DR Control form)	b) Da	ate of Occurrence		DD/MM/YYYY
c) Ins	tallation Details	:		(Airci	raft / Main Equipment Sl No	.)	·
Part	- II: (Details of Defective Co	mp	onent)				
a)	Trade	:		b)	Date Component received	:	
c)	System/Sub System	:		d)	Main Assembly *	:	
e)	Nomenclature	:		f)	MOD Status	:	
g)	Part No.	:		h)	Sl No.	:	
i)	Firmware Version	:		j)	Software Version	:	
k)	Date of Installation (Page	:	DD/MM/YYYY	1)	Date of Removal	:	DD/MM/YYYY
	No. & line No. of		Pg No.:		(Page No. & line No. of		Pg No.:
	form -/00 entry)		Ln No:		form -700 entry)		Ln No:
m)	Manufacturing Agency	:		n)	Date, Month &Year of Manufacturing	:	
0)	Whether under warranty	:	Yes / No	p)	Whether under AMC / Repair Contract	:	Yes / No
q)	Life completed since New	:	Flight Hrs Mission Hrs	r)	AMC/ Repair Agency	:	
s)	Time Between Overhaul (TBO) or Repair	:		t)	Life completed since O/H or repair	:	
u)	Date of last overhaul / Repair and place	:		v)	No of overhaul / Repair Done	:	
 W) Has there been a similar defect in any of the Airborne Store with same Part No.? if yes, then respective DR reference No. to be given. 		Yes/No, DR No.:					
x)	x) Date of induction of part at main contractor (to be filled by main contractor)						
Part	- III: Brief particulars of de	fect	including hours flown:				
a)	Defect Reported:					0	

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b) Defect Observe	ed:
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Part	IV: Investigation: (Details of Exa	minat	ion inclu	uding p	revious similar Defects)		
a)	Root Cause Analysis:						
b)	Findings / Conclusions:						
c)	Remedial Measures						
i.	Corrective Action:						
				_			
ii.	Preventive Action:						
ii. d)	Preventive Action: Attributable Code:						
ii.d)(i)	Preventive Action: Attributable Code: Lapses on the part of User	:	U	(ii)	Failure/ageing/Corrosion/Material Failure	:	F
 ii. d) (i) (iii) 	Attributable Code: Lapses on the part of User Lapses on the part of Repair	:	U R	(ii) (iv)	Failure/ageing/Corrosion/Material Failure Not established	:	F N
 ii. d) (i) (iii) 	Preventive Action:Attributable Code:Lapses on the part of UserLapses on the part of RepairAgency/ Manufacturer	:	U R	(ii) (iv) (v)	Failure/ageing/Corrosion/Material Failure Not established Defect confirmed but reason not established	:	F N N1
 ii. d) (i) (iii) 	Attributable Code: Lapses on the part of User Lapses on the part of Repair Agency/ Manufacturer	:	U R	(ii) (iv) (v) (vi)	Failure/ageing/Corrosion/Material Failure Not established Defect confirmed but reason not established Defect Not Confirmed		F N N1 N2
ii. d) (i) (iii) (vii)	Preventive Action: Attributable Code: Lapses on the part of User Lapses on the part of Repair Agency/ Manufacturer Due to features inherent in the design	:	U R D	(ii) (iv) (v) (vi) (viii)	Failure/ageing/Corrosion/Material FailureNot establishedDefect confirmed but reason not establishedDefect Not ConfirmedOther Reasons		F N N1 N2 M
 ii. d) (i) (iii) (vii) (ix) 	Preventive Action: Attributable Code: Lapses on the part of User Lapses on the part of Repair Agency/ Manufacturer Due to features inherent in the design No Failure Found	:	U R D NFF	(ii) (iv) (v) (vi) (viii)	Failure/ageing/Corrosion/Material Failure Not established Defect confirmed but reason not established Defect Not Confirmed Other Reasons		F N N1 N2 M
 ii. d) (i) (iii) (vii) (ix) Rema Date: Part 	Preventive Action: Attributable Code: Lapses on the part of User Lapses on the part of Repair Agency/ Manufacturer Due to features inherent in the design No Failure Found arks:		U R D NFF	(ii) (iv) (v) (vii)	Failure/ageing/Corrosion/Material Failure Not established Defect confirmed but reason not established Defect Not Confirmed Other Reasons		F N N1 N2 M
ii. d) (i) (iii) (vii) (ix) Rema Date: Part	Preventive Action: Attributable Code: Lapses on the part of User Lapses on the part of Repair Agency/ Manufacturer Due to features inherent in the design No Failure Found urks: Authorized Signatory of Design V: Remarks by Design.		U R D NFF	(ii) (iv) (v) (vii) (viii)	Failure/ageing/Corrosion/Material Failure Not established Defect confirmed but reason not established Defect Not Confirmed Other Reasons		F N N1 M



Part VI: Remarks by Quality Dept.	
Deter	Simultan
Part VII: Remarks by User(Project):(if applicable)	Signature
Data	Signature
Part VIII: Remarks by ORDAQA (Quality Aspects)	Signature
Date:	Signature
Part IX:Remarks by CEMILAC / RCMA (Design Aspects)	
Data	Signatura
	orginature

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INSTRUCTIONS

Instructions for filling "Defect Investigation Report "			
Item #	# Part -I (Reference) Incident/Accident/Snag/Explosive		
a)	Write down Defect Control Number which is issued by Head QC.		
b)	Write down date of occurrenceof Defect (Incident/Accident/Snag/Explosive)		
c)	Write down the appropriate serial number of Air System / Main Equipment SI No. where defective Airborne Store was installed		
	Part –II Details of Defective Component		
a)	Write description of system trade. i.e. Electrical, Mechanical, Avionics, etc.		
b)	Please mention date on which component was received by DI Agency.		
c)	Write description of the system or subsystem.		
d)	Specify the main assembly which means the location where the Airborne Store mounted/ installed. i.e Rack 'D'. *This is not applicable for explosives.		
e)	Write down the nomenclature of defective Airborne Store. The Airborne Store nomenclature should be as per Program/Project SOP.		
f)	If there is any Modification, the MOD number to be specified.		
g)	Write Part Number as per SOP and is to be same as engraved on the Airborne Store.		
h)	Write Serial Number as per name plate engraved on the Airborne Store		
i)	Write the firmware version details if applicable. Otherwise write "NA".		
j)	Write the Software version details if applicable. Otherwise write "NA".		
k)	Date of installation of Airborne Store on Aircraft to be specified. Where ever applicable Page No. & line No. of form -700 entry for installation activity to be given.		
1)	Date of removal of Airborne Store from the aircraft to be mentioned. Where ever applicable Page No. & line No. of form -700 entry for removal activity to be given.		
m)	Enter the manufacturer details, If the item/Airborne Store is outsourced for manufacturing.		
n)	Indicate the date, month and year of manufacture.		
o)	Please Select appropriate option for warranty of the defective component/SRU/LRU If answer is Yes, specify the period.		
p)	Please Select appropriate option either AMC or repair Contract available for the defective component/SRU/LRU. If answer is Yes, specify the period.		
q)	Specify the life completed since installation on Aircraft. i.e. Flight Hours (Aircraft Hours) and Mission Hours.		
r)	Enter the repair Agency details.		
s)	Time between overhaul or repair to be specified as per manual.		
t)	Life completed since overhaul or repair to be identified		
u)	The details of date and place of last overhaul to be given.		
v)	Number of overhauls or repair completed as on date of occurrence of Defect to be recorded.		
w)	In case there has been a similar defect in any of the Airborne Store with same Part No. then respective DR reference No. is to be given.		
	Part –III Brief Particulars of Defect		
a)	Details defect/snag/incident/accident to be given as reported in DR.		

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b)	The observation found during checks and rectification of reported defect at ground / STIR /ATE to be recorded.
	Part –IV Investigation
a)	The exact root cause for failure/defect to be identified and recorded.
b)	Detailed findings to be brought out.
c)	i. Correction is "Action to eliminate a reported defect". A correction shall be made in conjunction with a
	corrective action. A correction can be, for example, repair, rework or regrade.
	ii. Corrective Action is to eliminate the cause (root cause) of a reported defect/snag/incident/ accident or other
	undesirable situation. Also Corrective action is taken to prevent recurrence. There can be more than one cause for a Defect.
d)	Select appropriate Attributable code of defect.
	Part –V Remarks by Design
a)	Comments/Observations of reported Defect, Investigation findings, Root cause, Correction and corrective action
	from design point of view to be provided in this column.
	Part VI: Remarks by Quality Dept.
a)	This section used to record the flow down process for implementing the corrective action to avoid recurrence
	of Defect. Head QC shall forward a copy of the DIR to concerned design team as an intimation for carrying out
	necessary activities towards completion of flow down process.
	Part –VI Remarks by User (respective System Coordinator from project Team)
a)	Whenever applicable, this section is used to record the remarks and opinion of user Rep (i.e. Rep of Customer Project Team) including confirmation of amplification of the statement given in Part I to IV.
	Part –VIII Remarks by ORDAQA(Quality Aspects)
a)	This section is used to record the remarks and opinion of ORDAQA related to Quality aspects including
	confirmation of amplification of the statement given in Part I to IV. Decision by rep of ORDAQA to be recorded.
	Part –IX Remarks by RCMA/CEMILAC (Design Aspects)
a)	Comments/Observations of reported Defect, Investigation findings, Root cause, Correction and corrective action related to design aspects must be obtained from CRE. (RD,RCMA / Rep of RCMA/ CEMILAC).
NOTE "electu	: Electronic signature may be used. In this case, the following text can be added: "signature on file" or conic signature available", or similar statement
Additi	ional Instructions
<u></u>	The OC Control Number shall be issued by Head OC or Pen of OC as per approved format
a) b)	The designer shall compile information in part I to IV and coordinate with all stake holders for their Remarks
c)	All entries in part I must be filled legibly and properly by Design Rep. No entries to be left blank and 'N/A' may be
0)	written where not applicable. Incomplete DIR shall not be accepted.
d)	Use of white ink correction is prohibited. Any modification / correction in the form shall be done by circling the
	erroneous entry and writing the correct details. Respective Officer/Rep is to countersign at the place of modification
	/ correction.
e)	All signatories should legibly write their name, designation and date of signature.
f)	The approved original defect Investigation Report to be placed in ATR / Repair ATR of respective Airborne Store as annexure by Designer.
g)	The Soft copy of approved DIR to be maintained in QCG for record as well as to be forwarded to all as per distribution List.
h)	Attach separate sheets if necessary

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FORM - 45A SERVICING INSTRUCTIONS

In accordance with IMTAR – 21, Subpart L, 21.L.3

User Service 🗆 IAF 🗆 IN 🗖 IA 🗖 INCG

1. Reference		
Service Instruction No.	Date:	Issue No.
Title		

2.	ASDO Details	
2.1.1	Name and Address	Name
		Door/Street / Area
		Post Code
		City / State /PIN
2.1.2	Responsible Person (Responsible for this SI)	Title
		Address
		Phone/Fax
		Email (Official)
2.	Applicable Air systems	
2.1	Type Number(s)	
2.2	Nomenclature (s)	
3.	Reasons	

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FORM - 45A SERVICING INSTRUCTIONS

4.	Service Instruction			
4.1	Instruction			
(a)	Effectivity			
(b)	Remedial			
(c)	Description			
(d)	Compliance			
(e)	Approval			
(f)	Man Power			
(g)	Material			
(h)	Special Tooling			
(i)	Weight & Balance			
(j)	Operation & handling			
(k)	Electrical Load			
(l)	Interchangeability			
(m)	Servicing and Ground Support Equipment			
(n)	References			
(0)	Publications			
4.	Coordination & App	roval		
	ASDO - Design	ASDO - QA	ASDO - Airworthiness	CEMILAC

Distributions: TAA, Relevant User Services HQ

Note : User Services Hq to distribute to all the relevant Field Units

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021
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FORM - 45A SERVICING INSTRUCTIONS

Compliance Certificate for Service Instruction

Note : On completion of the instruction as per the SI, please complete the certificate and mail to the address below:

Service Instruction No.	Date:	Issue No.
Title		

Name of the Service :	Service Unit	

Aircraft Tail Number	Date of Compliance	Observation (SAT / UNSAT)	Work Carried out by

Certified that the above mentioned aircraft has been complied according the instruction given in the SI

Date:	Name :	Designation:	Signature:
2	1 (01110)	2 Congristion	~ ignored et

Address for Communication

Title	
ASDO Name	
Address	
Phone/Fax	
Email (Official)	

Edition Number: 1.0Form Version Number: 1.0Date: January 2021



FORM - 45B SPECIAL TECHNICAL INSTRUCTION (STI)

In accordance with IMTAR – 21, Subpart L, 21.L.3

User Service 🗆 IAF 🗆 IN 🔹 IA 🖾 INCG

1. Reference		
STI No.	Date:	Issue No.
Title		

2.	ASDO Details	
2.1.1	Name and Address	Name
		Door/Street / Area
		Post Code
		City / State /PIN
2.1.2	Responsible Person (Responsible for this	Title
	STI)	Address
		Phone/Fax
		Email (Official)
2.	Applicable Air systems	
2.1	Type Number(s)	
2.2	Nomenclature (s)	
3.	Reasons	
4.	Compliance	

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM - 45B SPECIAL TECHNICAL INSTRUCTION (STI)

5.	Technical Instruction	n		
5.1	Checks			
5.2	Rectification Action			
(a)	Tools			
(b)	Consumables			
(c)	Shop Facility			
(d)	Weight & CG affected			
(e)	Documentation affected			
(f)	Spares affected			
6.	Coordination & Ap	proval		
1	ASDO - Design	ASDO - QA	ASDO - Airworthiness	CEMILAC

Distributions: TAA, Relevant User Services HQ

Note : User Services Hq to distribute to all the relevant Field Units

Edition Number: 1.0 Form Version Number: 1.0	Date: January 2021
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FORM - 45B SPECIAL TECHNICAL INSTRUCTION (STI)

Compliance Certificate for Service Instruction

Note : On completion of the instruction as per the STI, please complete the certificate and mail to the address below:

STI No.	Date:	Issue No.
Title		

Name of the Service : _____ Service Unit _____

Aircraft Tail Number	Date of Compliance	Observation (SAT / UNSAT)	Work Carried out by

Certified that the above mentioned aircraft has been complied according the instruction given in the STI

Date:_____ Name :_____ Designation:_____ Signature:_____

Address for Communication

Title	
ASDO Name	
Address	
Phone/Fax	
Email (Official)	

Eution Number. 1.0 Form version Number. 1.0 Date. January 2021
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FORM - 45C URGENT OPERATING NOTICE (UON)

In accordance with IMTAR - 21, Subpart L, 21.L.3

User Service 🗆 IAF 🗆 IN 🔹 IA 🔹 ICG

1. Reference		
UON No.	Date:	Issue No.
Title		

2.	ASDO Details			
2.1.1	Name and Address	Name		
		Door/Street / Area		
		Post Code		
		City / State /PIN		
2.1.2	Responsible Person	Title		
	(Responsible for this	Address		
	UON)	Phone/Fax		
		Email (Official)		
2.	Applicable Air system	s		
2.1	Type Number(s)			
2.2	Nomenclature (s)			
3.	B. Reasons			
4.	4. Notes			
Flight	Flight Manual Reference			
Cond	tion			
Crew	Crew Action			
4. Coordination & Approval				
ASDO) - Design	ASDO –Flight Test Agency	ASDO - Airworthiness	CEMILAC

Distributions: TAA, Relevant User Services HQ

Note : User Services Hq to distribute to all the relevant Field Units

Edition Number: 1.0 Form Version Nu	mber: 1.0 Date: January 2021
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FORM - 50 APPLICATION FOR PRODUCTION ORGANISATION APPROVAL

In accordance with IMTAR – 21, Subpart G2, 21.G2.1

Note: This form to be provided along with Form F1001, Appendix A of AFQMS 2018, Issue – II

DIRECTORATE GENERAL OF AERONAUTICAL QUALITY ASSURANCE (DGAQA) GOVERNMENT OF INDIA, MINISTRY OF DEFENCE 'H' BLOCK, NEW DELHI-110011

1.	Registered name and address of the organisation	
2.	Trade name (if different)	
3.	Locations for which the approval is applied for	
4.	Brief summary of proposed activities at the Block 3 addres	ises
	a) General	
	b) Scope of approval	
	c) Nature of privileges	
5.	Description of organisation	
6.	Links/arrangements with design approval holder(s)/ design organization (s) where different from Block 1	
7.	Approximate number of staff engaged or intended to be engaged in the activities	
8.	Position and name of the Accountable Manager	
9.	Details of Management Personnel To be filled and Submitted in Form 4 by the Individual.	
	Date	Signature of the Accountable Manager

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM - 50 APPLICATION FOR PRODUCTION ORGANISATION APPROVAL

Guidelines for Completion of the IMTAR Form - 50

Block 1: Registered name and address of the organisation

The name of the organisation must be entered as stated in the register of the Companies Registration Office. For the initial application a copy of the entry in the register of the Companies Registration Office must be provided to the competentauthority.

Block 2: Trade name (if different)

State the trade name by which the organisation is known to the public if different from the information given in Block 1. The use of a logo may be indicated in thisBlock.

Block 3: Locations for which the approval is applied for

State all locations for which the approval is applied for. Only those locations must be stated that are directly under the control of the legal entity stated in Block 1.

Block 4: Brief summary of proposed activities at the item 3 addresses

This Block must include further details of the activities under the approval for the addresses indicated in Block 3. The Block 'General' must include overall information, while the Block 'Scope of approval' must address the scope of work and products/categories following the principles laid down in IMTAR-21. The Block 'nature of privileges' must indicate the requested privileges as defined in IMTAR 21.

Block 5: Description of organisation

This Block must state a summary of the organisation with reference to the outline of the production organisation exposition, including the organisational structure, functions and responsibilities. The nomination of the responsible managers in accordance with IMTAR 21 must be included as far as possible

Block 6: Links/arrangements with design approval holder(s)/ design organisation(s) where different from 1 The information entered here is essential for the evaluation of eligibility of the application. Therefore special attention must be given concerning the completion of this Block either directly or by reference to supporting documentation in relation to the requirements of IMTAR 21.

Block 7: Approximate number of staff engaged or intended to be engaged in the activities

The information to be entered here must reflect the number of staff, or in case of an initial approval the intended number of staff, for the complete activities to be covered by the approval and therefore must include also any associated administrativestaff.

Block 8: Position and name of the Accountable Manager State the position and name of the Accountable Manager

Block 9: Details of Management Personnel:

State the name and qualification details of the Accountable Manager (AM) and Quality Department Head (QDH) in Form 4.

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FORM - 51 APPLICATION FOR SIGNIFICANT CHANGES OR VARIATION OF SCOPE AND TERMS OF ORGANISATION APPROVAL

In accordance with IMTAR - 21, Subpart G2, 21.G2.5

Note: This Form is made Optional/ Not Mandatory

DIRECTORATE GENERAL OF AERONAUTICAL QUALITY ASSURANCE (DGAQA) GOVERNMENT OF INDIA, MINISTRY OF DEFENCE 'H' BLOCK, NEW DELHI-110011

1.	Name and address of the Approval holder	
2.	Approval reference number	
3.	Locations for which changes in the terms of approval are requested	
4.	Brief summary of proposed changes to the activities at the	Block 3 addresses
	a) General	
	b) Scope of approval	
	c) Nature of privileges	
5.	Description of organisational changes	
6.	Position and name of the Accountable Manager or nominee	
	Date	Signature of the Accountable Manager (or nominee)

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM - 51 APPLICATION FOR SIGNIFICANT CHANGES OR VARIATION OF SCOPE AND TERMS OF ORGANISATION APPROVAL

Guidelines for Completion of the Form - IMTAR Form - 51

Block 1: Name and address of the Organisation Approval holder

The name must be entered as written on the current approval certificate. Where a change in the name is to be announced state the old name and address here, while using Block 5 for the information about the new name and address. The change of name and/or address must be supported by evidence, e.g. by a copy of the entry in the register of companies.

- Block 2: Approval reference number State the current approval reference number.
- Block 3: Locations for which changes in the terms of approval are requested State the locations for which changes in the terms of approval are requested or state 'not applicable' if no change is to be anticipated here.
- Block 4: Brief summary of proposed changes to the activities at the item 3 addresses

This Block should include further details for the variation of the scope of approval for the addresses indicated in Block 3. The Block 'General' must include overall information for the change (including changes e.g. in workforce, facilities etc.), while the Block 'Scope of approval' must address the change in the scope of work and products/categories following the principles laid down in the IMTAR 21. The Block 'nature of privileges' must indicate a change in the privileges as defined in IMTAR 21. State 'not applicable' if no change is anticipated here.

Block 5: Description of organisational changes

This Block must state the changes to the organisation as defined in the current production organisation exposition, including changes the organisational structure, functions and responsibilities. This Block must therefore also be used to indicate a change in the Accountable Manager in accordance with IMTAR 21 or a change in the nomination of the responsible managers in accordance with IMTAR 21. State 'not applicable' if no change is anticipated here.

Block 6: Position and name of the Accountable Manager or nominee

State the position and name of the Accountable Manager here. Where there is a change in the nomination of the Accountable Manager, the information must refer to the nominee for this position. State 'not applicable' if no change is anticipated here.

In case of an application for a change of the accountable manager the IMTAR Form - 51 must be signed by the new nominee for this position. In all other cases the IMTAR Form - 51 must be signed by the Accountable Manager.

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In accordance with IMTAR – 21, Subpart F, 21.F.16, 21.F.17

1.	Statement Ref No:				
2.	Organisation				
3.	Air System Type	4. Military Type Certificate Refs			
5.	Air System Registration or Mark	6. Manufacturer's Identification No			
7.	Engine/Propeller Details ⁽¹⁾	-			
8.	Modifications and/or Service Bulle	tins (or national equivalents) ⁽¹⁾			
9.	Modification Leaflets (or national	equivalents)			
10.	. Concessions ⁽²⁾				
11.	. Exemptions, Waivers or Derogations ⁽³⁾				
12	Remarks				
13	3 Military Certificate of Airworthiness				
14	SOP ref No. and Date:				
15	5 Additional Requirements				
16	6 Statement of Conformity				
des acc Fin	I hereby certify that this Air Sy ign and to the items above in boxes eptance. The Air System is in a co al FDR has been examined and it is	stem has been inspected, tested and confirms 7, 8, 9, 10, 11 and 14. The Air System is hereby ndition for safe operation. The Air System is certified that all the parameters are meeting th	fully to the Military Type Certificated y recommended for DGAQA clearance/ s found satisfactory during flight tests. e requirement		
17	Signature	18 Name	19 Date (dd/mm/yyyy)		
20	Production Organisation Approval	Reference	<u> </u>		
	8 11				
1.	Delete as applicable				
	11				
2.	Concession: Authorization to use or release a product that does not conform to specified requirements. A concession is generally limited to the delivery of a product that has nonconforming characteristics within specified limits for an agreed time or quantity of that product.				
3.	Exemptions, Waivers or Derogations: Authorisation to depart from the originally specified requirements of a product prior to realization. A deviation permit is generally given for a limited quantity of product or period of time, and for specific use.		ly specified requirements of a product of product or period of time, and for a		

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Instructions for the use of the Air System Statement of Conformity IMTAR Form 52

1. Purpose and scope

- Use of the Air System Statement of Conformity issued by a manufacturer producing under IMTAR 21, Subpart F is described under IMTAR - 21, Subpart F, 21.F.16 and 21.F.17.
- 1.2. The purpose of the Air System Statement of Conformity (IMTAR Form 52) issued under IMTAR 21, Subpart F is to enable the holder of an appropriate production organisation approval to exercise the privilege to obtain an individual Air System certificate of airworthiness from the DGAQA of the participating Member State of registry.

2. General

- 2.1. The Statement of Conformity must comply with the format attached including block numbers and the location of each block. The size of each block may however be varied to suit the individual application, but not to the extent that would make the Statement of Conformity un-recognizable. If in doubt consult the DGAQA.
- 2.2. The Statement of Conformity must either be pre-printed or computer generated but in either case the printing of lines and characters must be clear and legible. Pre-printed wording is permitted in accordance with the attached model but no other certification statements are permitted.
- 2.3. Completion may be either machine/computer printed or hand-written using block letters to permit easy reading. English, and where relevant one or more of the official language(s) of the issuing participating Member State, are acceptable.
- 2.4. A copy of the Statement and all referenced attachments are to be retained by the approved production organisation.

3. Completion of the Statement of Conformity by the originator

- 3.1. There should be an entry in all blocks to make the document a valid statement.
- 3.2. A Statement of Conformity may not be issued to the DGAQA of the participating Member State of registry unless the design of the Air System and its installed products are approved.
- 3.3. The information required in Blocks 9, 10, 11, 12, and 14 may be by reference to separate identified documents held on file by the production organisation, unless the DGAQA agrees otherwise.
- 3.4. This Statement of Conformity is not intended to include those items of equipment that may be required to be fitted in order to satisfy applicable operational rules. However, some of these individual items may be included in Block 10 or in the approved type design. Operators are therefore reminded of their responsibility to ensure compliance with the applicable operational rules for their own particular operation.

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Block 1: Statement Ref No

A unique serial number should be pre-printed in this block for statement control and traceability purposes. Except that in the case of a computer generated document the number need not be pre-printed where the computer is programmed to produce and print a unique number.

Block 2: Organisation

The full name and location address of the organisation issuing the statement. This Block may be pre-printed. Logos etc. are permitted if the logo can be contained within the Block.

Block 3: Air System Type

The Air System type in full as defined in the Military Type Certificate and its associated data sheet.

Block 4: Military Type Certificate Refs

The Military Type Certificate reference numbers and issue for the subject Air System.

Block 5: Air System Registration or Mark

If the Air System is registered then this mark will be the registration mark. If the Air System is not registered then this will be such a mark that is accepted by the DGAQA of the participating Member State and, if applicable, by the DGAQA of a third country.

Block 6: Manufacturer's Identification Number

The identification number assigned by the manufacturer for control and traceability and product support. This is sometimes referred to as a Manufacturers Serial Number or Constructors Number.

Block 7: Engine/Propeller Details

The full identification of the engine or propeller type(s) in full as defined in the relevant Military Type Certificate and its associated data sheet. Their manufacturer identification number and associated location should also be shown.

Block 8: Modifications and/or Service Bulletins (or national equivalents)

The identification of the approved design changes to the Air System definition.

Block 9: Airworthiness Directives (or national equivalents)

A listing of all applicable Airworthiness Directives (or national equivalent) and a declaration of compliance, together with a description of the method of compliance on the subject individual Air System including products and installed. Parts, appliances and equipment. Any future compliance requirement time should be shown.

Block 10: Concessions

Approved unintentional deviation to the approved type design sometimes referred to as concessions, divergences, or nonconformances.

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Block 11: Exemptions, Waivers or Derogations

Only agreed exemptions, waivers or derogations may be included here and should be marked 'Not Used' if there are no exemptions, waivers or derogations.

Block 12: Remarks

Any statement, information, particular data or limitation which may affect the airworthiness of the Air System. If there is no such information or data, state; 'NONE'.

Block 13: Military Certificate of Airworthiness

Enter 'Military Certificate of Airworthiness', or 'Military Restricted Certificate of Airworthiness', or for the Military Certificate of Airworthiness requested.

Block 14: SOP for the air system details to be provided

Block 15: Additional Requirements

Additional requirements such as those notified by an importing country should be noted in this block.

Block 16: Statement of conformity

Validity of the Statement of Conformity is dependent on full completion of all Blocks on the Form. A copy of the flight test report together with any recorded defects and rectification details should be kept on file by the MPOA holder. The report should be signed as satisfactory by the appropriate certifying staff and a flight crew member, e.g. test pilot or flight test engineer. The flight tests performed are those defined under the control of the quality system, as established by EMAR 21.A.139 in particular EMAR 21.A.139(b)(1)(vi), to ensure that the Air System conforms with the applicable design data and is in condition for safe operation.

The listing of items provided (or made available) to satisfy the safe operation aspects of this statement should be kept on file by the POA holder.

Block 17: Signed

The Statement of Conformity may be signed by the person authorised to do so by the production approval holder in accordance with IMTAR Subpart G2 & G3. A rubber stamp signature should not be used.

Block 18: Name

The name of the person signing the certificate should be typed or printed in a legible form.

Block 19: Date

The date the Statement of Conformity is signed should be given.

Block 20: Production Organisation Approval

Refer the DGAQA approval reference should be quoted

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FORM -53A **APPLICATION FORM FOR** THE DEVIATION DISPOSITION DURING **DESING AND DEVELOPMENT**

In accordance with IMTAR -21, Subpart B, 21.B1.16,21.B2.17, 21.B3.17, 21.B4.15 Subpart C, 21.C1.17, 21.C3.1.13,21.C4.10

Main Contractor's Ref. No. _____ Dated _____

Sub-Contractor's Ref. No.

NOTE:

- 1. The granting of this deviation is strictly limited to this specific application and is not to be regarded as a precedent
- If the application is prepared by a sub-contractor, it must be signed and submitted by the main contractor. 2.

PART – I

1.	Main Contractor (Name & Address)	
2.	Main Contractor Reference Number with date	
3.	Sub-Contractor (Name & address)	
4.	Sub Contract Reference Number with date	
5.	Description of the item and Part Number	
6.	Standard/ Specification / Drawing Number / Process documents (which ever applicable)	
7.	a) Affected Quantityb) Batch / Heat / Lot No./Serial No.	
8.	Description of Deviation in the item (Continue on separate sheet if necessary)	
9.	 Reference number of deviations previously granted. a) of a similar nature b) For the quality / period at items 7 above 	
10.	Root Cause for deviation	
11.	Corrective and Preventive action as remedial measures to Prevent recurrence giving full details with PDC etc.	
12.	If the deviation is sought, are any of the following adversely affected?	
	 (State YES, NO or N.K (not know) If answer is YES particulars are to be attached. a) Functioning/Performance b) Life of item c) Interchangeability d) Maintenance e) Strength f) Safety Note: If answer is No then full justification to be given (Use separate sheet wherever required) 	

Edition Number: 1.0 Form Version Number: 1.0 Date: January 2021



FORM -53A APPLICATION FORM FOR THE DEVIATION DISPOSITION DURING DESING AND DEVELOPMENT

13.	Remarks by Designer of Main contractor	
	(Agreed / Conditions attached)	

Signature and designation of Authorised Designer

Submitted by: -

Date

Signature of Authorised Quality Head

Date:

PART - II : TO BE COMPLETED BY THE TAA

1. REMARKS OF DGAQA

(DGAQA may refer to CEMILAC if answer to para 12 is Yes or N.K) (including confirmation of amplification of the Statements made in Part-I,Section-12)

Date	Sign	ature of DGAQA Rep	Designation/Rank
2.	REMARKS BY CEMILAC (CEMILAC may refer to NCRB in	f necessary)	
Date	Sign	ature of CEMILAC /RCMA Rep	Designation/Rank
3.	NCRB REFERENCE (If Applicable) (Main Contractor shall bring out the details of NCRB Here)		
Date	ate Signature of Authorised Quality Head		
4.	DISPOSITION BY CEMILAC (If referred to NCRB)		
Date	Sign	ature of CEMILAC / RCMA Rep	Designation/Rank
	Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM -53B APPLICATION FORM FOR THE DEVIATION DISPOSITION / PRODUCTION PERMIT DURING LSP / PRODUCTION PHASE (DELIVERABLES)

In accordance with IMTAR -21, Subpart F, 21.F.21

Main Contractor's Ref. No. _____ Dated _____

Sub-Contractor's Ref. No. NOTE:

- The granting of this deviation is strictly limited to this specific application and is not to be regarded as a precedent 1. IT IS NOT AN AMENDMENT TO THE CONTRACT AND IS WITHOUT PREJUDICE TO ANY OF THE DEPARTMENT'S RIGHT THEREUNDER.
- If the application is prepared by a sub-contractor, it must be signed and submitted by the main contractor. 2.

PART – I

1.	Main Contractor (Name & Address)	
2.	Main Contractor Reference Number with date	
3.	Sub-Contractor (Name & address)	
4.	Sub Contract Reference Number with date	
5.	Description of the item and Part Number	
6.	Standard/ Specification / Drawing Number / Process documents (which ever applicable)	
7.	a) Affected Quantityb) Batch / Heat / Lot No./Serial No.	
8.	Description of Deviation in the item (Continue on separate sheet if necessary)	
9.	 Reference number of deviations previously granted. a) of a similar nature b) For the quality / period at items 7 above 	
10.	Root Cause for deviation	
11.	Corrective and Preventive action as remedial measures to Prevent recurrence giving full details with PDC etc.	
12.	If the deviation is sought, are any of the following adversely affected?	
	 (State YES, NO or N.K (not know) If answer is YES particulars are to be attached. a) Functioning/Performance b) Life of item c) Interchangeability d) Maintenance e) Strength f) Safety Note: If answer is No then full justification to be given (Use separate sheet wherever required) 	

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13.	Design clearance from	the Main contractor (CEMILAC /		
	KCIVIA Approved Des	igner) Agreed / Conditions attached		
Signal	ure and designation of Me	thods / Production Planning	D	ta
Sigila	ure and designation of wre	mous / 1 founction 1 famming		ic.
Submi	itted by: -			
Date			Signature of Authorised	l Quality Head
PART	- II : TO BE COMPLE	ED BY THE TAA		
1.	REMARKS OF DGAQA	Λ		
	(Including confirmation of (DGAQA may refer to Cl	f amplification of the Statements mad EMILAC or NCRB if necessary)	e in Part-I,Section-12)	
Date		Signature of DGAQA Rep		Designation/Rank
2.	REMARKS BY CEMI	LAC (If Referred to)		
Date		Signature of CEMILAC /RC	MA Rep	Designation/Rank
3.	NCRB REFERENCE (If Applicable) (Main Contractor shall bring out the details of NCRB Here)			
Date		Signature of Authorised Qua	lity Head	
4	DISPOSITION BY DO	GAQA		
4.				

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FORM -55 PRODUCTION ORGANISATION APPROVAL CERTIFICATE

In accordance with IMTAR – 21, Subpart G2, 21.G2.1

Note: In lieu of this form Existing AFQMS Certificate Format may also be used by DGAQA

[DGAQA, Ministry of Defence, Govt of India]

PRODUCTION ORGANISATION APPROVAL CERTIFICATE

Reference: _

Pursuant to IMTAR-21 regulation and subject to the conditions specified below, the DGAQA hereby certifies

[COMPANY NAME AND ADDRESS]

As a production organisation in compliance with IMTAR - 21, Subpart G, approved to produce products, parts and appliances listed in the attached approval schedule and issue related certificates using the above references.

CONDITIONS:

- 1. This approval is limited to that specified in the enclosed terms of approval, and
- 2. This approval requires compliance with the procedures specified in the approved production organisation exposition, and
- 3. This approval is valid whilst the approved production organisation remains in compliance with IMTAR 21
- 4. Subject to compliance with the foregoing conditions, this approval shall remain valid for --- Years or an unlimited duration unless the approval has previously been surrendered, superseded, suspended or revoked.

Date of original issue :		
Date of this revision :		
Revision No :		
Signed :	_	
For DGAQA :		

Edition Number: 1.0	Form Version Number: 1.0	Date: January 2021



FORM -55 PRODUCTION ORGANISATION APPROVAL CERTIFICATE

[DGAQA, Ministry of Defence, Govt of India]	Terms of Approval		Ref:
This document is part of Production Organisation Ap	proval Number		<u>~</u>
Companyname:			
Section 1. SCOPE OF WORK:			
PRODUCTION OF	PRO	DUCTS/CATE	EGORIES
For details and limitations refer to the Production Organisation Exposition, Sectionxxx			
Section 2. LOCATIONS:			
Section 3. PRIVILEGES:			
The Production Organisation is entitled to exercise, with the production Organisation Exposition, the privilege	within its Terms of Approval an s set forth in IMTAR -21 Subje	d in accordanc	e with the procedures of ving:
[keep only applicable text]			
Prior to approval of the design of the product an IMT purposes.	TAR Form 1 or Equivalent may	be issued only	y for conformity
A Statement of Conformity may not be issued for a n	on-approved Air System		
Production may be performed, until compliance with Organisation Exposition Section xxx	Production regulations is requ	ired, in accord	ance with the Production
Permits to Fly may be issued in accordance with the	Production Organisation Expos	sition Section	ууу
Date of original issue:	Signed:		
Date of this revision:			
Revision No.:	For DGAQA		

Edition Number: 1.0 Form Version Number: 1.0 Date: January 2021



FORM -80 DESIGN ORGANISATION APPROVAL CERTIFICATE

In accordance with IMTAR – 21, Subpart G1, 21.G1.2

[CEMILAC, Ministry of Defence, Govt of India]

DESIGN ORGANISATION APPROVAL CERTIFICATE

Reference:

Pursuant to IMTAR-21 regulation and subject to the conditions specified below, the CEMILAC hereby certifies

[COMPANY NAME AND ADDRESS]

as a Design organisation in compliance with IMTAR - 21, Subpart G1, approved to Design and develop products, parts and appliances listed in the attached approval schedule and issue related certificates using the above references.

<u>CONDITIONS</u> :

- 1. This approval is limited to that specified in the enclosed Schedule of approval, and
- 2. This approval requires compliance with the procedures specified in the approved design organisation exposition, and
- 3. This approval is valid whilst the approved design organisation remains in compliance with IMTAR 21, Subpart G1.

4.	Subject to compliance with the foregoing conditions, this approval shall remain valid for	
	Years or an unlimited duration unless the approval has previously been surrendered, superseded, suspended or	
	revoked.	

Date of original issue :

Date of this revision :

Revision No :

Signed :_____

For CEMILAC :

[CEMILAC, Ministry of Defence, Govt of India] Schedule of Approval Ref:

Edition Number: 1.0 Form Version Number: 1.0 Date: January 2021



FORM -80 DESIGN ORGANISATION APPROVAL CERTIFICATE

This document is part of Production Organisation Approval Number ______: Companyname: Section 1. SCOPE OF WORK: Development, Modification and/or Repair, and post design services Category of Air System/Airborne stores Category of Air System/Airborne stores

For details and limitations refer to the Design Organisation Exposition, Sectionxxx

Section 2.AIRWORTHINESS AND DESIGN SIGNATORIES:

Section 3. PRIVILEGES:

The Design Organisation is entitled to exercise, with in its Terms of Approval and in accordance with the procedures of its Design Organisation Exposition, the privileges set forth in IMTAR - 21 Subject to the following:

a.	Terms	of Apr	provall
а.	Tomis	or App	JIOVal

b. [Terms of Approval]

c. [Terms of Approval]

d. [Terms of Approval]

e [Terms of Approval]

e. [Terms of Approval]		
Date of original issue:	Signed:	
Date of this revision:		
Revision No.:	For CEMILAC	

Edition Number: 1.0 Form version Number: 1.0 Date: January 2021



FORM -80A APPLICATION FOR DESIGN ORGANISATION APPROVAL

In accordance with IMTAR – 21, Subpart G1, 21.G1.2

	CEMILAC, Ministry of Marathahalli Colony P	Defence, Govt of India ost, Bangalore -560037
1.	Registered name and address of the organisation	
2.	Trade name (if different)	
3.	Locations for which the approval is applied for	
4.	Brief summary of proposed Design activities at the Block	3 addresses
	a) General	
	b) Scope of approval	
	c) Category of Air System	
	d) Category of Airborne stores Leading to issue of TA or IMTSOA	
	c) Nature of privileges	
5	Description of Organisation along with details of DOE	
6	Quality Management System (QMS) certification details	
7	Details of Infrastructure available along with Approximate number of staff engaged or intended to be engaged in the activities	
8	Details of Core development Area, experience in Years, details of projects, successfully completed	
9	Details of Management Personnel	
	To be filled and Submitted in Form 4 by the Individual.	
	Date	Head of the Design Organisation

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FORM -80A APPLICATION FOR DESIGN ORGANISATION APPROVAL

Guidelines for Completion of the Form-80

Block 1: Registered name and address of the organization:

The name of the Organisation must be entered as stated in the register of the Companies Registration Office. For the initial application a copy of the entry in the register of the Companies Registration Office must be provided to the competent authority.

Block 2: Trade name (if different):

State the trade name by which the Organisation is known to the public if different from the information given in Block 1. The use of a logo may be indicated in this Block.

Block 3: Locations for which the approval is applied for:

State all locations for which the approval is applied for. Only those locations must be stated that are directly under the control of the legal entity stated in Block 1.

Block 4: Brief summary of proposed activities at the item 3 addresses:

This Block must include further details of the activities under the approval for the addresses indicated in Block 3. The Block 'General' must include overall information,

while the Block 'Scope of approval' must address the scope of design work and products/categories following the principles laid down in IMTAR-21 Subpart G1. The Block 'nature of privileges' must indicate the requested privileges as defined in IMTAR 21Subpart G1.

Block 5: Description of organization:

This Block must state a summary of the organisation with reference to the outline of the Design Organisation exposition, including the organisational structure, functions, responsibilities, authorized signatories and nature of Privileges. The nomination of the Executive Director/ General Manager / CEO / Chief designer / responsible managers, Personnel making decisions affecting airworthinessetc in accordance with IMTAR - 21 must be included as far as possible.

Block 6: Quality Management System (QMS) certification:

The information entered here is essential for the evaluation of eligibility of the application. Therefore, special attention must be given concerning the completion of this Block.

Block 7: Details Infrastructure available along with Approximate number of staff engaged or intended to be engaged in the activities:

The information to be entered here must reflect accommodation, facilities, equipment details and the number of staff as detailed in IMTAR - 21 Subpart G1.

Block 8: Details of Core Development Area, experience in Years, details of projects successfully completed: The information to be entered here must reflect the core competence and experience of the organization in development of Air System and Airborne store in Military Aviation.

Block 9: Details of Management Personnel:

State the name and qualification details of the Head of Design Organisation (HDO), Chief of Airworthiness (COA) and Chief of Independent Support Monitoring (CISM)/Quality Department Head (QDH) in Form 4.

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FORM -82 APPLICATION FOR SIGNIFICANT CHANGES TO DESIGN ORGANISATIONAL APPROVAL

In accordance with IMTAR - 21, Subpart G1, 21.G1.2 & 21.G1.6

1.	Name and address of the Approval holder	
2.	Approval reference number	
3.	Locations for which changes in the terms of approval are requested	
4.	Brief summary of proposed changes to the activities at th	e Block 3 addresses
	a) General	
	b) Scope of approval	
	c) Nature of privileges	
	d) changes to key Signatories	
5.	Description of Procedural changes	
6.	Change of the management staff	
	Date	Signature Head of the Design Organisation

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FORM -82 APPLICATION FOR SIGNIFICANT CHANGES TO DESIGN ORGANISATIONAL APPROVAL

Guidelines for Completion of the Form - IMTAR Form 82

Block 1: Name and address of the Organisation Approval holder

The name must be entered as written on the current approval certificate. Where a change in the name is to be announced state the old name and address here, while using Block 5 for the information about the new name and address. The change of name and/or address must be supported by evidence, e.g. by a copy of the entry in the register of companies.

- Block 2: Approval reference number State the current approval reference number.
- Block 3: Locations for which changes in the terms of approval are requested State the locations for which changes in the terms of approval are requested or state 'not applicable' if no change is to be anticipated here.
- Block 4: Brief summary of proposed changes to the activities at the item 3 addresses

This Block should include further details for the variation of the scope of approval for the addresses indicated in Block 3. The Block 'General' must include overall information for the change (including changes e.g. in workforce, facilities etc.), while the Block 'Scope of approval' must address the change in the scope of work and products/categories following the principles laid down in the IMTAR 21. The Block 'nature of privileges' must indicate a change in the privileges as defined in IMTAR 21. State 'not applicable' if no change is anticipated here.

Block 5: Description of Procedural changes:

This Block must state the changes to the principles of procedures related to the design certification, The classification of changes and repairs as alteration/amendment or modification, the approval of the design of alteration/amendment and minor repairs, the issue of information and instructions Documentary changes to the Aircraft Flight Manual, Process of the configuration control, the acceptance of design tasks undertaken by partners or sub-contractors, issue of Flight Clearance Certificate (FCC)/Flight Program Clearance Memo (FPCM).

Block 6: Change of the management staff:

This Block must therefore also be used to indicate a changes in the Management Personnel (Head of Design Organisation (HDO), Chief of Airworthiness (CAO), Chief of Quality Assurance/Chief of Independent System Monitoring (CISM)) Declared through Form G1-1A. State 'not applicable' if no change is anticipated here.

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In accordance with IMTAR – 21, Subpart P, 21.P.10

Note : Form 100 is a generic format for FCC. Applicable information from Form 100A & Form 100B for Aircraft and Helicopters respectively may also be supplemented to Form 100. FCC form is meant to serve as guidelines and can be adapted to suit the nature of the air system, emphasizing on the necessary information, that affects safety of flying.

FLIGHT CLEARANCE CERTIFICATE

<u>FOR</u>

DEVELOPMENT TRIALS

Air System type	:	
Engine Type	:	

This is to certify that ------ is cleared for development flight trials within the conditions of release and limitations specified in the following pages of this document.

This certificate will be periodically amended depending on the changes to the standard of preparation of the Air System and flight test data obtained.

This certificate does not constitute any authority to fly unless accompanied by a Flight Program Clearance Memo (FPCM) for each sortie, duly coordinated by CEMILAC & Airworthiness Group of Design Agency and a current certificate for flight trials form 1090 coordinated by RDAQA (------).

Head of Design ()	
Design agency	
Date :	

CEMILAC Date :

REF: CEMILAC/FCC/	
ISSUE: NIL	
DATED:	

^v



The incorporation of each amendment to this document is to be certified by entering below the amendment number, date and signature of the person responsible.

Amendment & Date	Document Number	Signature	Date

CONTENTS

Sl. No.	CHAPTER	Page No.
1	Introduction	
2	Standard of Preparation of Air System	
3	Basis for Clearance	
4	Operational Limitations	
 4.1 Airfield Operating Limitations 4.2 Taxi, Take-Off and Landing Limitations Tyre, Wheel Brake Air System Weight and Center of Gravity Limits 4.3 Engine Operating Limitations 4.4 General Flight Limitations 4.5 Other System Limitations 		
5	Flight Envelopes	
6	Conditions of Release	

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1. INTRODUCTION

_ The systems are described briefly in the following paragraphs.

1.1 OBJECTIVE

The objective of the flight trials are:

- a. To assess the performance / behavior of the Air System and its systems, compare the same with analysis / Tests carried out.
- b. To validate the aero-data.
- c. To calibrate aero-data, systems and flow direction sensors.
- d. Others

2. STANDARD OF PREPARATION (SOP) OF AIR SYSTEM

The SOP of the Air System includes Equipment SOP and Drawing Applicability

2.1 EQUIPMENT SOP

The Equipment Standard of Preparation for ------ flight trials is given in document titled ------Issue: dated: -----,which is kept current by updating whenever any changes occurs

2.2 DRAWING APPLICABILITY

The drawing applicability for ------ is given in Ref. no.-----, Issue: Nil, Amd: dated -----, which is kept current by updating at regular intervals.

3. BASIS FOR CLEARANCE

The basis for clearance of ---- includes LRU level and System Level clearances and certificate of designs.

3.1 LRU LEVEL

The clearances of all LRUs are available in the document ------ Issue: Nil, Amd: Nil dated: -----which lists outflight clearances of all LRUs by various RCMAs.

3.2 SYSTEM LEVEL

Each system clearance includes technical specification, design reports, failure modes and effects analyses, test schedules and associated reports, Air System level test schedules and test reports.

S.No	SYSTEM	No of Reports	CERTIFICATE OF DESIGN DOCUMENTS REFERENCE
1	Aerodynamics Configuration		
2	Structures& Analysis		
3	Environmental Control System		
4	Life Support System		
5	Hydraulics		
6	Landing Gear& Brake System		

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7	Escape System	
8	Flight Control System	
9	Powerplant& Fuel System	
10	Electrical Power Generation System	
11	Lighting System	
12	Avionics system (Including , Navigation & Communication)	
13	Engine	

4. OPERATIONAL LIMITATIONS

4.1 AIRFIELD OPERATIONS

4.1.1. Taxying Limitations:

• Speed not more than xx knot if canopy is partially open.

4.1.2. Emergency arrester system

• Cleared for emergency entry into arrester barrier system at speeds up to

Ground Speed	xx knot
--------------	---------

4.2 TAXY, TAKE-OFF and LANDING LIMITATIONS – TYRES, WHEEL BRAKES

4.2.1. The tyres are cleared for rolling at the following ground speeds

Tyre ground speed limits				
(Knot)				
Main	Nose			
XXX	XXX			

4.2.2. Brake application speed limit:

Air System Configuration	Mass (kg)	Condition	Speed in TAS (knot)
		Normal (xx MJ per Air System)	XX
Clean Configuration	XXX	Emergency /RTO (xx MJ per Air System)	XX

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4.3 TAXY, TAKE-OFF AND LANDING LIMITATIONS - AIR SYSTEM WEIGHT AND CENTRE OF GRAVITY LIMITS

4.3.1. Take-off weight limitations :

• Maximum take-off weight is xxx Kg.

4.3.2. Landing weight Vs Sink rate :

Air SystemConfiguration	Max Landing Mass (Kg)	Max Sink rate(m/sec)
Clean Configuration	XXX	XXX

4.3.3. Cross winds during landing and take-off :

Air System is cleared to operate within the following crosswind limitations.

Runway condition		Cross wind Speed (Knots)
Dur	Take off	XX
DIy	Landing	XX
Flooded		Not Cleared

4.3.4. Centre of gravity limits before Take-off:

Allowable centre of gravity range is xx% to xx% MAC for the following pilot weight configuration.

Solo Pilot Configuration:

- Front cockpit: **xxx**Kg to **xxx** Kg
- Rear cockpit: Nil

Two pilot Configuration:

- Front cockpit: **xxx**Kg to **xx** Kg
 - Rear cockpit: xxKg to **xx** Kg

4.4 ENGINE OPERATING LIMITATIONS:

The xxxx engine is cleared for operation subjected to following Limitations:

4.4.1. **Operating conditions:**

Maximum absolute flying altitude, ft Maximum air starting altitude, ft	XXX XXX
Maximum indicated airspeed, Mach	XX
Maximum ambient temperature at sea level, °C	XX

|--|



Minimum Ambient temperature range for ground
starting, °CxxxMinimum oil temperature range for air starting, °Cxxx

4.4.2. Operating Limits on Engine Parameters and Actions:

S.No	Parameters	Normal range	Action if exceed the limit
1	Torque		
2	Rotor speed		
3	EGT During Start		
	Other than Start		
4	Fuel Flow		
5	Oil Pressure		
6	Oil Temperature		
7	Starting Time		

4.4.3. Wind Milling Limit:

WIND MILLING RPM	OPERATING LIMITS	ACTION IF EXCEEDED
28 to 100 %		
18 to 28 %		
10 to 18 %		
5 to 10 %		
0 to 5 %		

4.4.4. Warnings and cautions:

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4.4.5. Conditions of release:

This clearance is contingent upon the following:

- This clearance is valid for xxxx hours of flight (inclusive of Ground run, LSTT, HSTT)
- All the maintenance / installation procedures are to be followed as stipulated in the respective OEM manuals.
- This clearance stands invalid if any changes are made from the present Configuration / SOP for the flight tests without the concurrence of CEMILAC (----).

Туре	
Compressor	
Turbine	
Direction of rotation	
SHP	
Max Torque	
100 % rpm of Ng	
Specific Fuel Consumption, kg/(hr. kgf)	
Prop rpm	
Max allowable Exhaust Temp during starting	
Bleed Extraction	
	OIL SYSTEM
Туре	
Oil specification	
Oil tank capacity, quartz	
Oil consumption rate, gallon / hour	
Oil pressure in pressure line, psi	
Inverted flying, sec	
Fuel Specification	

4.4.6. Technical parameters:

Engine FLIGHT ENVELOPE Mach No.Vs Altitude & CAS

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Engine FLIGHT ENVELOPE

Mach No.Vs Altitude & CAS

4.5 GENERAL FLIGHT LIMITATIONS

4.5.1. Speed limitations:

Flight speed limitation (Level Flight) (CAS in knot)

	Minimum speed (knot) Corresponds to xx ^o AOA for xx Kg AUW	Clean configuration (Flap Level)	XX
		Take-off & Landing configuration (30 deg Flap)	xx
	Max speed / Mach with UC up		XXX
	Max speed with UC down and locked		XX

Note: 1'g' stall speeds at Sea level (CAS in knot) for various Air System configuration and AUW are as follows:

Clean configuration : xx Knots

With UC and Takeoff flap :xx Knots

Take off speed limitations (CAS in knot):

Recommended take off rotation speed with deg Flap	XX
Unstick speed with max power	XX
Decision speed for RTO	XX

Approach speed limitations (CAS in knot):

Mass (kg)	Approach speed
XXX	XX

4.5.2. Altitude limitations

Maximum pressure altitude with U/C up	xxx ft
Maximum pressure altitude with U/C down	xxxx ft

4.5.3. AOA Limitations

AOA range for Wings-level	Max	Min
operations		
 As indicated on PFD 	XX ⁰	XX ⁰
• xx ^o (Never Exceed)		
AOA range for maneuvering		
operations	XX ⁰	XX ⁰
 As indicated on PFD 		

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4.5.4. Fuselage scrape attitude:

• With Oleo collapsed and Tyres flat = xxxdeg.

4.5.5. Sideslip limitations:

Maximum side slip with U/C up	xx deg
Maximum side slip with U/C down	xx deg

4.5.6. Maneuver limitations:

Maneuver limits are permitted within the following:

Inverted flying	xx sec max
360 deg roll (Recommended)	Left and Right

4.5.7. Normal Acceleration limitation:

Normal Acceleration limitation for various Air System AUW weight.		xxxKg
LIC up	Minimum permitted	xx g
UC up	Max permitted	xx g
LIC down	Minimum permitted	xx g
UC down	Max permitted	xx g

4.5.8. Roll rate limitation:

Maximum Roll rate with U/C up	Xxx deg/sec
Maximum Roll rate with U/C down	Xxx deg/sec

4.5.9. Roll acceleration limit:

Maximum Roll acceleration with U/C up	Xx rad/sec ²
Maximum Roll acceleration with U/C down	xx rad/sec ²

4.5.10. Yaw rate limitation:

Maximum Yaw rate permitted with U/C up	xxrad/sec ²
Maximum Yaw rate permitted with U/C down	Xx rad/sec ²

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4.5.11. Yaw acceleration limits:

Maximum Yaw acceleration permitted with U/C up	xxrad/ sec ²
Maximum Yaw acceleration permitted with U/C down	xxrad/ sec ²

4.5.12. Pitch acceleration limits

Maximum Pitch acceleration permitted with U/C up	xxdeg/sec ²
Maximum Pitch acceleration permitted with U/C down	xxdeg/sec ²

4.5.13. Stalling and spinning:

• Air System is not cleared for intentional stalling and spinning.

4.5.14. Weather related limitations:

• The Air System is cleared to fly in fair weather and day light conditions only. The minimum visibility shall be xx km for demonstration flights

4.6 OTHER SYSTEM LIMITATIONS

4.6.1. **AERODYNAMICS**

• Angle of Attack limitation for the first block of flights are ---- and Angle of side slip limitations

- 4.6.2. STRUCTURE AND ANALYSIS
- 4.6.3. ENVIRONMENTAL CONTROL SYSTEM (ECS)
- 4.6.4. LIFE SUPPORT SYSTEM (LSS)
- 4.6.5. HYDRAULIC
- 4.6.6. LANDING GEAR AND BRAKE SYSTEM
- 4.6.7. ESCAPE SYSTEM
- 4.6.8. FCS

are.

- 4.6.9. FUEL
- 4.6.10. ELECTRICAL AND POWER GENERATION
- 4.6.11. LIGHTING
- 4.6.12. AVIONICS

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5. FLIGHT ENVELOPES

a) The flight envelopes for the development flights are :

1	Load Factor – Mach No. Envelope	Ref: Fig. 1
2	Altitude – Mach No. Envelope	Ref: Fig. 2

b) Operating Envelopes of _____ Air System AUW xxx Kg, _____ , Issue: Nil, Amendment: Nil, dated:

- c) Aerodynamic operating limitations for --- Air System AUW xx Kg, vide Technical Memo _____ dated _____.
- d) Computation of Mass and CG data for _____ Air System for xxx kg take-off weight (Computed based on _____ weighing carried on _____) on this weighing vide report no. _____/, Issue: Nil Amendment: Nil dated _____

Fig 1: V-n diagram (wt =xxxx) kg

Fig 2: Flight Envelope forxxxx kg

6. CONDITIONS OF RELEASE

- Xxxx is cleared for operations in _____ airfields. It is also cleared for outstation trials and demonstration flights (Air Shows) at other airfields, with prior concurrence of CEMILAC.
- The Air System is cleared to fly in fair weather and day light conditions. The minimum visibility shall be xx km for demonstration flights during Air shows.
- The Air System will not carry any store.
- Arrester barrier system shall be made available for all flights.

DDPMAS Policy Part II, Chapter 5 & IMTAR 21 Subpart P

Persons authorised for undertaking flight tests:

Only test pilots / test engineers, who have successfully undergone a course in experimental flight testing are authorized to undertake flight testing of experimental, prototype or technology demonstrator Air System under development as a flight crew member. Similarly, persons who have successfully undergone the production test pilots course are authorized to flight-test production Air System of ______, BRDs / NAY or any other main contractor. Non qualified persons are not authorized to be crew members in any developmental flight testing or even as passengers in multi crew Air System during such developmental flight testing. In exceptional cases, however, the CTP/Head of flight testing can authorize in writing specific individuals (non flight test crew) on specific flights.

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FORM -100A FLIGHT CLEARANCE CERTIFICATE FOR AIRCRAFT

In accordance with IMTAR – 21, Subpart P, 21.P.10

The flying and other LIMITATIONS of_

are detailed herein:

1. Centre of Gravity Range :

2. Flight Envelope

For Flight Envelope (Subsonic), Refer Fig-1.

:

For Design Speed and Mach Number Limits with Altitude, Refer Fig-2. For Values of Load Factor Supersonic case Refer Fig-3.

3. Maximum Limiting Speeds : `Clean' Aircraft

- (a) Max. Speed for 'Clean' aircraft with controls in 'Power'
- (b) Max. Speed for `Clean' aircraft with controls in `Manual'.
- (c) Max. Speed for selecting controls from 'Manual' to 'Power' or from 'Power' to 'Manual'.
- (d) Max. Speed for extending Airbrakes:
 - (i) With controls in 'Power'
 - (ii) With controls in 'Manual'.
- (e) Max. speed for operating flaps to Take-off position, including Combat-selection of Flaps.
- (f) Max. speed for operating Flaps to `Landing' position.
- (g) Max. speed for raising or lowering undercarriage.
- (h) Max. speed with undercarriage locked `Down'.

4. Maximum Limiting Speeds for Carriage & Release of External Stores

The speed Limits should be separately stipulated for flying with controls in 'Power' and in 'Manual'.

Carriage

Release

5. Minimum Speeds - `Clean' Aircraft

Buffet :

Minimum Speed (U/C & Flap : UP) :

Minimum Speed (U/P & Flaps : DOWN)



FORM -100A FLIGHT CLEARANCE CERTIFICATE FOR AIRCRAFT

6. Maximum Normal Acceleration : `Clean' Aircraft Design Value Flight Test Value

7. Maximum Normal Acceleration with External Stores

The Max. `g' limits should be separately stipulated for flying with controls in `Power' and `Manual'.External Stores CarriedMax. `g' Permissible

8. Roll Maneuvers Limitation - 'Clean' Aircraft

:

:

Pure Roll Roll Pull-Out

9. Roll Maneuvers Limitations - External Stores

(Roll Maneuver limitations should be separately stipulated for flying in 'Power' and 'Manual")

For Design Limits, See Fig-4 & 5

External Stores carried Limiting `g'/Max. rate of roll in Degree per second

10. Maximum Angle of Side Slip with reference to speed and Configuration

11. Max. Take-off Weights

Note: Recommended Tyre inflation pressure for main wheels against different Take-off weights to be indicated below:

12. Landing

- (a) Max. Landing Weights :
- (b) Landing with Asymmetric Stores :
- (c) Use of Brake Parachute

13. Single Engine Performance: (Where more than one engine is used)

:

:

- (a) Minimum Safety Speed
- (b) Drift Ceiling :

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FORM -100A FLIGHT CLEARANCE CERTIFICATE FOR AIRCRAFT

14. One Engine Failure During Take-off : (Where more than one engine is used) (Min Safety Speed)

15. Engine Relights (Relight envelop speed/mach no vs altitude)

:

Maximum speeds for engine relighting in flight, as established by flight tests, are : Successful Relights are more probable at lower speeds than specified above in each of the altitudes.

16. Pressure Error Correction

17. Use of AVTAG (JP-4) Fuel

18. Gun Firing

19. Ejection Seat

- (a) Ejection Limits
- (b) Thigh Length and Sitting Height :

20. Engine Limitations

This FCC is issued for Developmental Flight Trials only and it does not constitute any authority to fly unless accompanied by a current Certificate for safety for flight (F-1090) issued by DGAQA.

Head of Design Contractor's Firm

CEMILAC / RCMA

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In accordance with IMTAR – 21, Subpart P, 21.P.10

The flying and other LIMITATIONS ofare detailed herein. Wherever applicable, values of the parameters are specified for sea level ISA conditions, unless otherwise indicated.

- 1. Maximum all up weight
- 2. Centre of gravity range

Refer figure 1

3. Flight envelope

For allowable V-n diagram, reduced flight envelope with single hydraulic system and main rotor stall limits refer figures 2 and 3. For the height velocity diagram (H-V diagram) pertaining to the cases of one engine failed and the live engine in MCR and SCR, refer figures 4 and 5.

4. Clutch wheel engagement time if applicable and speed

5.	Main	rotor/tail roto	or track	and balance	On ground	In flight
	a)	Main rotor :	(ips)	Lateral		
				Verticle		
	b)	Tail rotor :	(ips)	In plane Out of plane		

6. Main rotor speed limits (% normal RPM)

- a) Engagement speed
- b) Maximum speed
- c) Maximum transient speed
- d) Minimum speed
- e) Minimum Transient Speed
- f) Maximum Power ON Speed
- g) Minimum Power ON Speed
- h) Maximum speed for Rotor brake application

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7. Maximum limiting helicopter speeds (without external stores)

- a) Maximum level speed
 - i) Forward (VH)
 - ii) Sideward
 - iii) Rearward
- b) Never exceed speed
- c) Maximum auto rotational forward speed
- d) Maximum speed with door kept open/removed

8. Maximum operational altitude

- a) Maximum altitude for take-off and landing
- b) Maximum altitude for flying
- c) Zero speed hover out of ground effect ceiling.

9. Maximum normal acceleration - (without external stores)

Instantaneous

Sustained

- a) Positive
- b) Negative

10. Maximum angle of side slip at various speeds.

- a) V min P
- b) V cruise
- c) V NE

11. Maximum bank angle

12. Turn on spot

Maximum rate of turn

Altitude/Speed

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13. Maximum mast moment

14. Controls margin

		d□ (%)	d□ (%)	d□(%)	d□(%)
a)	VH				
b)	Vne				
c)	Left sideward Flight				
d)	Right sideward Flight				
e)	Rearward Flight				
f)	Hover				

15. Maximum rate of climb

- i) Vertical
- ii) Oblique

16. Landing on inclined surface

- i) Slope
- ii) Landing direction
- 17. Maximum tyre inflation pressure —

In the case of wheeled version

18. Maximum oleo pressure

20.

19. Limitations with External Stores and under slung loads

It	em M	ax Speed		Max 'g	g' Max Bank	Angle Side Sli	р
a)	Arn	nament Stores					
b)	Un	der slung loads					
	i)	High density le	oads				
	ii)	Low density lo	oads				
Engi	ne lin	nits (ISA, S/L)					
	Ratin	g Power	TGT (□C)	Torque	NG	ANG	

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21.	Sing	le engine performance - (W	here more than one engine	e is used)
	a)	Maximum level speed		
	b)	Minimum level speed		
	c)	Maximum rate of climb		
22.	Eng	ine relight envelope		
		Max Altitude	Speed	OAT
23.	Eng	ine manual handling		
24.	Use	of AVTAG (JP-4) and JP-5	Fuel	
25.	Trai	smission Limits		
		Rating	Power	Torque
26.	Gun	firing		

- a) Calibre :
- b) Burst length :

27. Pressure error correction

28. Minimum airspeed indicator reading

This FCC is issued for Developmental Flight Trials only and it does not constitute any authority to fly unless accompanied by a current Certificate for safety for flight (F-1090) issued by DGAQA.

Head of Design Contractor's Firm

CEMILAC / Regional Director (Helicopters)

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FORM -101 FLIGHT PROGRAM CLEARANCE MEMO (FPCM)

In accordance with IMTAR - 21, Subpart P, 21.P.10

Air System Type &No : xxxxxx 1. Condition of the Air System 1.1 Configuration : xxxxxxxxxxx 1.2 AUW (at start) : xxx lb (xxx Kg) 1.3 C.G. at T/o : xxxx% (LG Dn), xxx% of MAC LG up 1.4 Fuel Status : Fuselage – xxx Lb; LH Wing – xxx Lb; RH Win 2. Program : Reference to the flying program 3. Flight Clearance Certificate : Ref .No.: Issue:, Amdt: 4. Air System Status (a) Data Analysis of Previus sortie (b) (b) Work done report Ref : (Annexure-II). (Annexure-II).	FLT : xxx g – xxx Lb
 Condition of the Air System Configuration : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	g – xxx Lb
 1.1 Configuration : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	g – xxx Lb
 1.2 AUW (at start) : xxx lb (xxx Kg) 1.3 C.G. at T/o : xxxx% (LG Dn), xxxx% of MAC LG up 1.4 Fuel Status : Fuselage – xxx Lb; LH Wing – xxx Lb; RH Win Total – xxx Lb. 2. Program : Reference to the flying program 3. Flight Clearance Certificate : Ref .No.: Issue:, Amdt: Dt 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	g – xxx Lb
 1.3 C.G. at T/o : xxxx% (LG Dn), xxxx% of MAC LG up 1.4 Fuel Status : Fuselage – xxx Lb; LH Wing – xxx Lb; RH Win Total – xxx Lb. 2. Program : Reference to the flying program 3. Flight Clearance Certificate : Ref .No.: Issue:, Amdt: Dt 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	g – xxx Lb
 Fuel Status : Fuselage – xxx Lb; LH Wing – xxx Lb; RH Wing – xxx Lb; RH	g – xxx Lb
Total – xxx Lb. Program : Reference to the flying program Flight Clearance Certificate : Ref .No.: Issue:, Amdt: Dt.	
 2. Program : Reference to the flying program 3. Flight Clearance Certificate : Ref .No.: Issue:, Amdt: Dt 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	
 3. Flight Clearance Certificate : Ref .No.: Issue:, Amdt: Dt 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	
Dt 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II).	
 4. Air System Status (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	
 (a) Data Analysis of Previous sortie (b) Work done report Ref : (Annexure-II). 	
(b) Work done report Ref : (Annexure-II).	
5 Limitational	
 Classes is sibility to the Form 1000 to be issued by RDAOA 	
6. Clearance is subject to the Form 1090 to be issued by KDAQA	
Coordinated by	
CEMILAC Main C	Contractor
Copy to::	
1. CEMILAC 3. RDAQA	
2. CTP (F/W) 4. AGM (Q)	

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FORM -1090 CERTIFICATE OF SAFETY FOR FLIGHT

In accordance with IMTAR - 21, Subpart P, 21.P.10, 21.P.4

Part-I (To be completed by the Main Contractor)

- 1 (a) Type of Air System: (b) Air System tail no.:
- 2 Airworthiness Certification / Flight Clearance Reference:
- 3 SOP reference:
- 4 Purpose of Taxi/Flight Trial: LSTT/HSTT/Development test flight Contractor / Customer / Handling / Ferry
- 5 Flight Details (a) Flight Number: (b) Flight Configuration:
- 6 last Flight FDR Analysis: Satisfactory/Not Satisfactory
- 7 QC memo & Daily Inspection reference:
- 8 Limitation if any:
- 9 Aerodrome:
- 10 Authority of the Pilot:
- 11 Name of the Pilot: (I) (II)
- 12 I hereby certify that the Air System has been fully inspected, including the engines, engine installations, instruments and is in every way safe for the intended flight and here by request permission for the flight to proceed herewith.

(DGAQA Approved QC Rep)

Signature with Stamp

Part-II (To be completed by the DGAQA Rep)

- 13 Authorization for flight:
- a) Permission is hereby granted on DD/MM/YY at ...hrs to proceed with the above flight and valid for one flight only.
- b) The F-1090 will remain in force, subject to routine flight servicing and daily inspections being carried out in accordance with approved schedules, for the period stated there on or until invalidated under the conditions stated at in AQA directive 01/16 (Air System) dated 22 Sep 2016.
- c) In an exceptional case of non-utilization of the 1090 on the same calendar day, the revalidation of the F-1090 on subsequent calendar day <u>within 24hrs from the time of issue</u> may be accorded by DGAQA approved contractor's QC officer after ensuring complete DI checks as per schedule in consultation with DGAQA. DGAQA approved Contractor's QC officer shall endorse the same in the Part-III of F-1090 certificate.

(DGAQA Rep Signature with date & time)

Name & Designation

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FORM -1090 CERTIFICATE OF SAFETY FOR FLIGHT

Part-III - Revalidation

14 **Revalidation:** I hereby certify that complete DI checks have been carried out as per schedule, in consultation with DGAQA and found satisfactory. The results are recorded in DI sheet no.....and F-1090 issued in part-II is revalidated.

(DGAQA Approved QC Rep) Signature & Stamp with date & time

<u>Part - IV</u>

(Authorized Pilot signature with date &time) Name & Designation

Distribution: (To be done by the contractor) Original - To the contractor First Copy – To the pilot Second Copy (duly singed by Pilot) – To DGAQA office

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FORM -1090 CERTIFICATE OF SAFETY FOR FLIGHT

Instruction for filling the details in Certificate of Safety for Flight (F – 1090)

1. (a) Type of Air System: The brief about the type of Air System like LCA (LSP-07), Su- 30 MKI-Phase-1, HTT- 40 PT-01 etc.

(b) Air System Tail No.: Registration number of Air System likes SB304, TSR-001, KH-2014 etc.

- Airworthiness Certification / Flight Clearance Reference: Military Type Certificate / Release to Service Document (RSD) / Type Approval / Flight Clearance Certificate(FCC)/Flight Program Clearance Memo (FPCM) ref number from the applicable airworthiness authority / RCMA (CEMILAC) wherever is applicable
- 3. SOP reference: Standard of Preparation against which the Air System is manufactured
- 4. **Purpose of Flight / Taxi Trial:** Which are not applicable shall be strikeout for example if the 1090 is sought for HSTT than other, which are not applicable may be strike out HSTT/Development test flight/Contractor / Customer/Handling / Ferry.
- 5. Flight Details

(a) Flight number: Total number of flight done by the Air System till date

(b) Flight Schedule Number: The detail of the system checks to be performed during the flight like Engine performance check, FBW maneuvering etc.

- 6. QC memo & Daily Inspection reference: DGAQA memo clearance and Daily Inspection reference be mentioned
- 7. Limitation if any: Any authorized flight restriction, limitation and notification shall be recorded in this column for the information and concurrence of the flight
- 8. Aerodrome: The name of the airfield
- 9. Authority of the Pilot: Authority letter issued by Service HQrs / CTP of main contractor
- 10. Name of the Pilot: (i) Name of the main pilot (ii) Name of the trainee / Co-pilot
- 11. Numbering Scheme: Each F-1090 issued should be assigned a unique number in X/NNN/DDMMYY format. Where X-Projects like A for Su-30 MKI, B for MiG-21 etc, NNN-Running serial number i.e 001 to 999 for Production year followed by date & month of issue. The F-1090 register should be maintained project wise.

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