



CIVIL AVIATION AUTHORITY, BANGLADESH

Details of Nominated Personnel required to be accepted as specified in *(Please tick (✓) in the appropriate box)*

- ANO (AW) Part- 145
- ANO (AW) Part- M Subpart F
- ANO (AW) Part- M Subpart G
- ANO (AW) Part- 147

1. Name :

2. Position:

3. Qualifications relevant to the item (2) Position:

.....

4. Work Experience relevant to the item (2) Position:

.....

Signature Date:

On Completion, please send this form under confidential cover to the Chairman, CAAB

CAAB Use Only

Name and signature of authorised CAAB staff member accepting this person:

Signature Date

Name Office