

CO-PILOT TEST (DAY/ NIGHT) (for non-jet aeroplanes above 1500Kgs)

NON-JET TRANSPORT AIRCRAFT

COMPANY NAME:..... DATE.....

PILOT UNDER CHECK : Aircraft/ Sim Type:.....
(Name)

EXAMINER: Registration:.....
(Name)

FLIGHT TIME (duration):..... Place of test:.....

Take -off time (IST/UTC):..... SUNRISE(IST).....
Chokes Off

Landing (IST/UTC):..... SUNSET(IST).....
Chokes On

NO. OF LANDINGS carried out by Day/ Night (minimum six):.....

OPERATION BY DAY/ NIGHT		ASSESSMENT
1.	Cockpit Preparation for departure	
2.	Takeoff	
3.	Instrument let down with or without Flight Director.	
4.	Simulated engine failure in stabilized flight (using alternate engine)	
5.	Recovery from approach to stall to the point of Warning (with wheels and flaps down)	
6.	Visual circuits with all engines operative.	
7.	Visual Circuits approach with one engine Inoperative.	
8.	Engine shutdown and relight (Feathering and Unfeathering) at or above 5000 feet AGL	
9.	Any other exercise as applicable (please specify name of exercise)	
	Sl # Name of exercise	
	a)	
	b)	
	c)	
	d)	
10.	Full stop landing	
11.	CRM	
ASSESSMENT:		AS- Above Standard S- Standard BS- Below Standard
COMMENTS:		Certificate that I have more than 10 (Ten) hours of P.I.C experience on type during preceding 30Days. DGCA APPROVED EXAMINER (Signature)

PILOT UNDER CHECK
(Signatures below)

Certified that the above information
has been verified from the relevant
records.

Countersigned by Aerodrome Officer

Note: use separate form for day and night.