



FORM - 53A

APPLICATION FORM FOR THE DEVIATION DISPOSITION DURING DESIGN 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.C1.18, 21.C3.1.13, 21.C3.1.14, 21.C4.10, 21.C4.11

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
2. If the application is prepared by a sub-contractor, it must be signed and submitted by the main contractor.

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 & Platform	
6.	Stage at which Deviation is observed (SOFT, QT, Flight trial)	
7.	Hardware SOP	
8.	Software Version & Check Sum	
9.	Standard / Specification / Drawing Number / Process documents (which ever applicable)	
10.	a) Affected Quantity b) Batch / Heat / Lot No. / Serial No.	
11.	<p>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.</p> <p>a) Functioning / Performance b) Life of item c) Interchangeability d) Maintenance e) Strength f) Safety</p> <p>Note: If answer is No then full justification to be given (Use separate sheet wherever required)</p>	
12.	Description of Deviation in the item (Continue on separate sheet if necessary)	



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13.	Reference number of deviations previously granted. a) of a similar nature b) For the quality / period at items '7' above	
14.	Root Cause for deviation	
15.	Corrective and Preventive action as remedial measures to Prevent recurrence giving full details with PDC etc.	
16.	Remarks by Designer of Main contractor (Agreed / Conditions attached)	

Signature and Designation of Design Rep

Date:

Submitted by: -

Date

Signature of Quality Head

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

Signature of DGAQA Rep

Designation/Rank



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2. REMARKS BY CEMILAC

(CEMILAC may refer to NCRB if necessary)

Date

Signature of CEMILAC / RCMA Rep

Designation / Rank

3. NCRB REFERENCE (If Applicable)

(Main Contractor shall bring out the details of NCRB Here)

Date

Signature of Quality Head

4. DISPOSITION BY CEMILAC (If referred to NCRB)

(NCRB decision should be binding on the disposition by CEMILAC)

Date

Signature of CEMILAC / RCMA Rep

Rank & Designation