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**DRONE PILOT TRAINING - REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| NAME |  | **Recent passport Photograph****On white background** ***Signature*** |
| Father’s Name/Mother’s Name |  |
| Date of birth\* |  |
| Nationality |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Aadhar Number\* |  | Pan Card No. |  |

 |
| Email Id\* |  | Mobile Number\* |  |
| Passport No. -\* |  |
| PCC - Police Clearance - If available\* |  |
| Permanent Address\* |  |
| **Correspondence Address** |
| Title and full name of addressee |  |
| Company name (if applicable) |  |
| Building number and name (flat or house number) |  |
| Street number and street name |  |
| District name |  |
| State & PIN code |  |
| Occupation and name of organization - if sponsored |  |
| Intended date of joining |  |
| If currently a student, then give details of school/university and attach ID card |  |
| **EDUCATIONAL QUALIFICATIONS** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **STANDARD/COURSE** | **PASSING YEAR** | **% OF MARKS/GRADE** | **BOARD/INSTITUITION** |
| 10th |  |  |  |
| 12th |  |  |  |
| Graduation |  |  |  |
| Post-Graduation |  |  |  |

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**DRONE PILOT TRAINING - REGISTRATION FORM**

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**DECLARATION OF MEDICAL FITNESS CLASS 3\*\***

I, Shri/Smt/Ms ….………………………………………………………………………………. son / daughter / wife of

Shri.…………………………………………………………….do hereby certify that, to the best of my knowledge and judgment:

1. I have a sound mind and do not suffer from any cerebral illness.

2. I do not suffer from any defect of vision/ I am affected by usually prevalent conditions of myopia, or

presbyopia but the same has been corrected by eyeglasses/contact lenses and I hereby undertake to use

those glasses/contact lenses while operating RPAs.

3. I can readily distinguish the VIBGYOR colours.

4. I can distinguish with my eyesight with or without eyeglasses/contact lenses/laser corrected eyes, at 25

meters in good day an object of dimensions 30 CM x 30 CM.

5. I do not suffer from a degree of deafness which would prevent my hearing the ordinary sound signals.

6. I do not suffer from night blindness.

7. I do not have any defect or deformity or loss of member which would interfere with the efficient

performance of my duties as an RPA pilot.

**Signature:**

Date: …………. / ………. / 20……... Place: ……………………………………….

Name: …………………………………… Mobile Number ………………………………

Aadhar Number: ………………………………………………………………

Correspondence Address:

\*\*Certificate of Medical Fitness (Class 3) from any registered Medical Doctor/ Govt/ Pvt hospital, MBBS, BAMS **must** be provided by RPA trainee for admission to a remote pilot training programme. See next page – page 3 of 5 – for details.

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**DRONE PILOT TRAINING - REGISTRATION FORM**

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**CERTIFICATE OF MEDICAL FITNESS CLASS 3**

**AND**

**REMOTE PILOT TRAINEE’S DECLARATION OF MEDICAL FITNESS CLASS 3**

A Certificate of Medical Fitness (Class 3) from any registered Medical Doctor/ Govt/ Pvt hospital, MBBS,

BAMS **must** be provided by RPA trainee for admission to a remote pilot training programme.

Class 3 Medical Assessment should be in accordance with ICAO Annex 1, Class 3 Medical Assessment. The

Standards and Recommended Practices relating to: **i)** Physical and mental requirements; **ii)** Visual

requirements; and **iii)** Hearing requirements as contained in paras 6.5.2, 6.5.3 and 6.5.4 of ICAO Annex 1

respectively, shall be followed for Class 3 Medical).

The Remote Pilot Trainee applicant should submit his/her declaration of medical fitness class 3 as per the format given on page 2 of 5 together with his/her registration/admission form.

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**DRONE PILOT TRAINING - REGISTRATION FORM**

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**DECLARATION**

I hereby declare that all information provided herein is true and correct to the best of my knowledge. I

understand that furnishing any false information herein shall make me liable for penal action, as applicable.

Name:

Date: Place:

Signature:

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**DRONE PILOT TRAINING - REGISTRATION FORM**

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**Documents Required**

Following documents must be attached in JPEG or doc or PDF format:

1. Scanned copy of Passport size photograph with 75 % face on white background
2. Scanned copy of Aadhar ID
3. Scanned copy of ID proof (PAN Card / Voter ID / Driving License / Passport)
4. Scanned copy of 10th Pass certificate/mark sheet
5. Scanned copy of Higher Qualification certificate
6. Scanned copy of College ID card (only for student category)
7. Scanned copy of Bonafide certificate (only for student category)
8. Scanned copy of Certificate of Medical Fitness (Class 3) from any registered Medical Doctor

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