

Location: _____

Date: _____

/ / 2025

Form No: _____

Latest Photograph with
plain light background

UAV Pilot Academy

Fill in block letters in blue / black ink only.

Digital certificates will be issued on below provided phone or email.

Kindly go through the entire document before filling any details.

Name, Address should match provided documents (Aadhar card, etc).

Personal Information

Full Name: _____

Nationality: _____

Aadhar No: _____

Full Address _____

Birth Date: _____

[DD / MM / YYYY]

Nationality: _____

Gender: _____

E-Mail: _____

Phone No: _____

STUDENT CODE OF CONDUCT

The student agrees to follow the rules and regulations set by the Training Academy, including attendance, discipline, and safety standards during both theoretical and practical sessions.

The student shall not engage in any behavior that disrupts the learning environment or puts the training program or other students at risk.

ASSESSMENT AND CERTIFICATION

The student will be assessed through theoretical exams, practical flying tests and assignments during the course.

Upon successful completion of the course and meeting the required assessment standards, the student will be awarded a Drone Pilot Certificate issued by the Training Academy.

The Academy reserves the right to withhold certification if the student fails to meet the required performance standards.

LIABILITY AND RESPONSIBILITY

The student acknowledges and agrees that flying drones involves a degree of risk. The Training Academy will not be held liable for any injuries, damages or losses arising out of the practical training sessions.

The student is responsible for their personal belongings and must adhere to all safety protocols provided by the Academy during practical flying sessions.

INTELLECTUAL PROPERTY

All course materials, including but not limited to textbooks, training videos, software and presentations, are the intellectual property of the Training Academy.

The student agrees not to reproduce, distribute or use any of the materials outside of the course without prior written consent from the Academy.

This **Agreement** ("Agreement") is entered into between UAV Academy Private Limited ("Training Academy") and the ("Student"), whose details are mentioned above. By signing this Agreement, the Student agrees to adhere to the following terms and conditions for enrollment and participation in the drone training program conducted by the Training Academy.

ENROLLMENT REQUIREMENTS

To be eligible for admission to the drone training program, the student must fulfill the following criteria:

a. Minimum Educational Qualification

The student must have passed at least Class 12th from a recognized Board or its equivalent.

b. Minimum Age Requirement

The student must be at least 18 years old at the time of enrollment

c. Aadhar Card

Possession of a valid Aadhar Card is mandatory for enrollment. A copy of the Aadhar Card must be submitted as part of the enrollment process

d. Secondary Identification

The student must provide one of the following as secondary identification:

- Voter ID
- Ration Card
- Driver's License
- Passport A copy of the selected ID must be submitted along with the enrollment application.
- 2 Passport size photographs with white background

e. Medical Fitness Certificate

The student must submit a Medical Certificate of Fitness issued by a licensed medical practitioner. The certificate must confirm that the student is physically fit to undergo the drone training program, which may include practical flying exercises.

Student needs to have normal colour vision with near visual acuity of 20/30 without correction and distance visual acuity of no worse than 20/70 in each eye, correctable to 20/20. Meet refraction, accommodation and astigmatism requirements—corrective eye surgery could be a disqualifier.

COURSE DETAILS

1. DRONE PILOT : []

2. CYBER SECURITY : []

STUDENT'S CONSENT

By signing this Agreement, the Student confirms that they meet all the enrollment requirements outlined in this Agreement. The student also acknowledges that they have understood and agree to abide by all the terms and conditions stated herein.

Full Name:

Date of Birth

[DD / MM / YYYY]

Aadhar No:

Secondary ID:

[Voter ID] / [Ration Card] / [Driver's Licence] / [Passport] – mention details below

Before Signing kindly check if you have attached Medical Certificate and other documents

Signature of Student:

Authorized – Signature
of UAV Academy
Member

(along with Date)

(MANAGED BY SATHI EDUCATION WELFARE ASSOCIATION)

**UAV PILOT
ACADEMY**



CodeTech
Cyber Security

Associate Partner



NASSCOM

