

CERTIFICATE OF MEDICAL FITNESS

(To be provided by candidate before joining the Remote Pilot Course
@ AdiSa Drona Pvt Ltd)

MEDICAL CERTIFICATE

(To be provided by a registered medical practitioner holding at least
MBBS degree)

Mr./Ms. _____ whose signature is
appended below, has been medically examined for any known disability or disorder
which may become an hindrance to perform the normal function of an Aircraft Pilot.

He /She has _____

Physical disabilities or disorder/ no physical disabilities or disorder.

He/She has been assessed medically fit/unfit to function as an Remote Pilot.

(Strikout whichever is not applicable)

Signature of the Applicant with Date

Signature of the Doctor _____
(Reigratation No.& Designation)

MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. _____ here certify that I have examined
Mr./Mrs. _____ whose signature is appended below
and certify that his color vision is Normal/ Defective safe/Defective unsafe color
vision has tested with,

Pseudo-Isochromatic plates

Approved Lantern Test

Any other test applicable

(Strikout whichever is not applicable)

Signature of the Applicant with Date

Signature of the Doctor _____
(Reigratation No.& Designation)