

CONVERSION AND REGENCY ADMISSION FORM

1. PERSONAL DETAILS

| | |
|----------------|----------------|
| Full Name: | Test Candidate |
| Age: | 25 |
| Gender: | Male |
| Mobile Number: | 9999999999 |
| Email Address: | test@mail.com |



2. LICENSE DETAILS

| | |
|----------------------------|----------|
| Contracting State License: | USA |
| License Validity: | Valid |
| License Endorsement: | SE ME IR |

3. TOTAL FLYING HOURS

| | |
|-----------------------|------------|
| Total SE Hours: | 120:30 |
| Total ME Hours: | 40:15 |
| Total Hours: | 160:45 |
| Aircraft Types Flown: | C172, DA42 |
| Date of Last Flight: | 2025-01-01 |

4. LAST 6 MONTHS OF FLYING EXPERIENCE

| | |
|--------------------------|----|
| Last 6 Months Available: | No |
|--------------------------|----|

5. COMMERCIAL CHECKRIDE

Checkride Type: C172

Date of Checkride: N/A

6. PIC EXPERIENCE

Total PIC Experience: 80 hours

Total PIC Cross-Country
Experience: 0 hours

Total Instrument Time: 35 hours

7. DGCA CLASS-1 MEDICAL ASSESSMENT

Medical Validity: 2026-05-01

9. HOW DID YOU HEAR ABOUT SKYPRO AVIATION?

Source: Website

SELF DECLARATION

I understand and acknowledge that SkyPro Aviation's partner Flying Training Organisations (FTOs) are DGCA-approved and operate in accordance with DGCA training and safety standards. I further understand that flying training involves inherent risks. Having fully understood these risks, I voluntarily undertake sole responsibility for my safety and for any incident or accident that may occur during flight training for license conversion or recency, and I agree that SkyPro Aviation shall not be held responsible or liable in any manner. I further understand and agree that if I fail to perform satisfactorily during any checks, fail to obtain solo release in the first attempt, or if there is any delay arising due to my performance, skill level, preparedness, or competency, then the 7-day commitment and 15-day completion guarantee provided by SkyPro Aviation shall no longer be applicable. Any additional training, time, or costs resulting from such performance-related delays shall be my sole responsibility.

DECLARATION

I confirm that all the information provided above is true and correct to the best of my knowledge. I understand that incomplete or incorrect information may delay my admission and training process.

Student Sign:**Date:****Administrative Sign:**

This is a computer-generated document. For any queries, please contact the admission office.