

OFFICE OF THE DIRECTOR GENERAL OF CIVIL AVIATION  
EAST BLOCK II & III, R.K. PURAM, NEW DELHI - 110066.

(To be given by Registered Medical Practitioner holding atleast MBBS)

## MEDICAL CERTIFICATE

Mr / Ms \_\_\_\_\_ whose signature is given below,  
has been medically examined by me.

He / She has \_\_\_\_\_  
\* the following physical disabilities

\_\_\_\_\_

\* no physical disabilities

Signature of the  
Applicant

Signature of Doctor \_\_\_\_\_

Designation : \_\_\_\_\_

Registration No. \_\_\_\_\_

Date : \_\_\_\_\_

## MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. \_\_\_\_\_ hereby certify that I have examined  
Mr. / Ms. \_\_\_\_\_ whose signature is appended below, and  
certify that his colour vision is Normal / Defective safe / Defective unsafe. (Strike off which is not applicable).

The colour vision has been tested with : -

(1) Pseudo - Isochromatic plates

(2) Approved Lantern test

(3) Any other test applicable

(Strike off which is not applicable).

Signature of the  
Applicant

Signature of Doctor \_\_\_\_\_

Designation : \_\_\_\_\_

Registration No. \_\_\_\_\_

Date : \_\_\_\_\_