GUIDELINES FOR PHYSICAL STANDARDS FOR ADMISSION TO THE NATIONAL DEFENCE ACADEMY.

NOTE: CANDIDATES MUST BE PHYSICALLY AND MENTALLY FIT ACCORDING TO THE PRESCRIBED PHYSICAL STANDARDS. MEDICAL FITNESS CRITERIA GIVEN BELOW ARE AS PER EXISTING GUIDELINES AS ON DATE OF PUBLICATION AND THESE GULIDELINES ARE SUBJECT TO REVISION.

A NUMBER OF QUALIFIED CANDIDATES ARE REJECTED SUBSEQUENTLY ON MEDICAL GROUNDS. CANDIDATES ARE THEREFORE ADVISED IN THEIR OWN INTEREST TO GET THEMSELVES MEDICALLY EXAMINED BEFORE SUBMITTING THEIR APPLICATIONS TO AVOID DISAPPOINTMENT AT THE FINAL STAGE.

1. Candidates are also advised to rectify minor defects/ailments in order to speed up finalisation of medical examination conducted at the Military Hospital after being recommended at the SSB.

2. Few of such commonly found defects/ailments are listed below:

   (a) Wax (Ears)

   (b) Deviated Nasal Septum

   (c) Hydrocele/Phimosis

   (d) Overweight/Underweight

   (e) Under Sized Chest

   (f) Piles

   (g) Gynaecomastia

   (h) Tonsillitis

   (i) Varicocele

NOTE: Permanent body tattoos are only permitted on inner face of forearm i.e. from inside of elbow to the wrist and on the reverse side of palm/back (dorsal) side of hand/Permanent body tattoos on any other part of the body are not acceptable and candidates will be barred from further selection. Tribes with tattoo marks on the face or body as per their existing custom and traditions will be permitted on a case to case basis. Comdt Selection Centre will be competent auth for clearing such cases.

3. Civilian candidates appearing for all types of commission in the Armed Forces will be entitled to out-patients treatment from service sources at public expense for injuries sustained or diseases contracted during the course of their examination by the Selection Board. They will also be entitled to in-patient treatment at public expense in the Officer's ward of a hospital provided—

(a) the injury is sustained during the tests or,

the disease is contracted during the course of the examination by selection board and there is no suitable accommodation in local civil hospital or it is impracticable to remove the patient to the civil hospital; or,

(b) the medical board requires the candidate's admission for observation.

NOTE: They are not entitled to special nursing.

4. Medical Procedure

A candidate recommended by the Services Selection Board will undergo a medical examination by a Board of Service Medical Officers. Only those candidates will be admitted to the academy who are declared fit by the Medical Board. The proceedings of the Medical Board are confidential and will not be divulged to anyone. However, the candidates declared unfit will be intimated by the President of the Medical Board and the procedure for request for an Appeal Medical Board will also be intimated to the candidate.

5. Candidates declared unfit during Appeal Medical Board will be intimated about the provision of Review Medical Board.

6. Medical Standards and procedure for Army, Navy and Air Force (Flying Branch and Ground Duty Branch) are given in Annexure 'A'. Annexure 'B' and Annexure 'C' respectively, which is also available at following websites:-

(i) For Officers Entry into Army Medical Standards and Procedure of Medical Examination at **www.joinindianarmy.nic.in**

(ii) For Officers Entry for Air Force (flying & Ground duty branches) Medical Standards and Procedure of Medical Examination at **www.careerindianairforce.cdac.in**

(iii) For Officers Entry for Navy: Medical Standards and Medical Examination at **www.joinindiannavy.gov.in**

Note: The proceedings of the Medical Board are confidential will not be divulged to anyone. Directorate General of Recruiting has no role to play in any Medical Boards and procedure advised by the competent medical authorities will be strictly adhered.

MEDICAL EXAMINATION OF FEMALE CANDIDATES

1. General methods and principles of medical examination of female candidates will be the same as for male candidates. However, special points pertaining to Medical Examination of female candidates are given in succeeding paragraphs.

2. A detailed menstrual, gynaecological and obstetric history in the form of a questionnaire is to be obtained from the candidate.

3. A detailed physical and systemic examination will be carried out of the candidate and she should be examined by a Lady Medical Officer or a Lady Gynecologist only.

4. The examination must include the following inspections:-

(a) External genitalia.

(b) Hernial orifices and the perineum.

(c) Any evidence of stress urinary incontinence or genital prolapsed outside introitus.

(d) Evidence of lump breast and galactorrhoea

5. In all unmarried female candidates, speculum or per vaginal examination will not be carried out.

6. Ultrasound scan of the abdomen and pelvis is mandatory in all female candidates during the initial Medical Examination.

7. Any abnormality of external genitalia will be considered on merits of each case. Significant hirsutism especially with male pattern of hair growth along with radiological evidence of PCOS, will be a cause for rejection.

8. Following conditions will entail female candidates being declared unfit:

(a) Primary or secondary amenorrhoea

(b) Severe Menorrhagia or/ and severe dysmenorrhea.

(c) Stress urinary incontinence

(d) Congenital elongation of cervix or prolapsed which comes outside the introitus even after corrective surgery.

(e) **Pregnancy.** Pregnancy will be a cause of rejection for NDA entry.

(f) Complex ovarian cyst of any size.

(g) Simple ovarian cyst more than six cm.

(h) Endometriosis and Adenomyosis.

(i) Submucous fibroid of any size.

(j) Broad ligament or cervical fibroid of any size causing pressure over ureter.

(k) Single fibroid uterus more than three cm in diameter; fibroids more than two in number (each fibroid not more than fifteen mm in diameter) or fibroids causing distortion of endometrial cavity.

(l) Congenital uterine anomalies except arcuate uterus.

(m) Acute or chronic pelvic infection.

(n) Disorders of sexual differentiation.

(o) Any other condition will be considered on merits of each case by the Gynaecologist.

9. Following conditions will be declared as **FIT**:-

(a) Unilocular clear ovarian cyst up to six cm.

(b) Minimal fluid in pouch of Douglas.

Medical fitness after laparoscopic surgery or laparotomy. Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit if she is asymptomatic, ultrasound pelvis is normal, histopathology of tissues removed is benign and per operative findings are not suggestive of endometriosis. Fitness will be considered twelve weeks after laparoscopic surgery and when the wound has healed fully. Candidate will be considered FIT after laprotomy one year after the surgical procedure.

Annexure -A

MEDICAL STANDARDS AND PROCEDURE OF MEDICAL EXAMINATION FOR OFFICER ENTRIES INTO ARMY

1. Introduction:

(a) The primary responsibility of the Armed Forces is defending territorial integrity of the nation. For this purpose Armed Forces should always be prepared for war. Armed Forces personnel undergo rigorous training in preparation for war. Armed Forces also assist civil authorities if required whenever the need arises like in the case of disasters. To carry out such tasks Armed Forces requires candidates with robust mental and physical health. Such candidates should also be capable of withstanding rigorous stress and strain of service conditions to perform their military duties in adverse terrain and uncongenial climate incl sea and air, in remote areas, in austere conditions with no medical facilities. A medically unfit individual due to disease/disability can not only drain precious resources but can also jeopardize lives of other members of the team during operations. Therefore only medically fit candidates are selected who emerge fit to be trained for war.

(b) The Armed Forces Medical Services are responsible for ensuring selection of '**Medically Fit'** individuals into the Armed Forces.

(c) All Armed Forces personnel regardless of occupational specialty, unit assignment, age or gender should have a basic level of general '**Medical fitness'** when inducted into service. This basic level of fitness can then be used as a benchmark to train personnel for further physically demanding occupational specialties or unit assignments. This will enhance deployable combat readiness.

(d) Medical examinations are carried out meticulously by Armed Forces Medical Services Medical Officers. These Medical Officers are well oriented to specific working conditions of Armed Forces after undergoing basic military training. Medical examinations are finalized by the Board of Medical Officers. **The decision of the Medical Board is final. In case of any doubt about any disease/disability/injury/genetic disorder etc noticed during enrolment/ commissioning, the benefit of doubt will be given to State**.

Medical Standards.

2. Medical standards described in the following paragraphs are general guidelines. They are not exhaustive in view of the vast knowledge of disease. These standards are subject to change with advancement in the scientific knowledge and change in working conditions of Armed Forces due to introduction of new eqpt/trades. Such changes will be promulgated from time to time by policy letters by competent authorities. Medical Officers, Spl Medical Officers and Medical Boards will take appropriate decisions based on following guidelines and principles.

3. **To be deemed 'Medically fit', a candidate must be in good physical and mental health and free from any disease/syndrome/disability likely to interfere with the efficient performance of military duties in any terrain, climate, season incl sea and air, in remote areas, in austere conditions with no medical aid. Candidate also should be free of medical conditions which require frequent visit to medical facilities and use of any aid / drugs.**

(a) It will, however, be ensured that candidate is in good health. There should be no evidence of weak constitution, imperfect development of any system, any congenital deformities/ diseases/syndrome or malformation.

(b) No swelling/s including tumours/cyst/swollen lymph node/s anywhere on the body. No sinus/es or fistula/e anywhere on the body.

(c) No hyper or hypo pigmentation or any other disease/syndrome/disability of the skin.

(d) No hernia anywhere on the body.

(e) No scars which can impair the functioning and cause significant disfigurement.

(f) No arterio-venous malformation anywhere in/on the body.

(g) No malformation of the head and face including asymmetry, deformity from fracture or depression of the bones of the skull; or scars indicating old operative interference and malformation like sinuses and fistulae etc.

(h) No impairment of vision including colour perception and field of vision.

(j) No hearing impairment, deformities/disabilities in ears vestibule-cochlear system.

(k) No impediment of speech due to any aetiology.

(l) No disease/disability/ congenital anomaly/syndrome of the bones or cartilages of the nose, or palate, nasal polyps or disease of the naso-Pharynx, uvula and accessory sinuses. There should be no nasal deformity and no features of chronic tonsillitis.

(m) No disease /syndrome/disability of the throat, palate tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.

(n) No disease /syndrome/disability of the heart and blood vessels incl congenital, genetic, organic incl hypertension, and conduction disorders.

(o) No evidence of pulmonary tuberculosis or previous history of this disease or any other disease/syndrome/disability chronic disease of the lungs and chest including allergies/immunological conditions, connective tissue disorders, musculoskeletal deformities of chest.

(p) No disease of the digestive system including any abnormality of the liver, pancreas incl endocrinal, congenital, hereditary or genetic diseases /syndromes and disabilities.

(q) No diseases/syndrome/disability of any endocrinal system, reticuloendothelial system.

(r) No diseases/ syndrome/ disability of genito-urinary system including malformations, atrophy/hypertrophy of any organ or gland.

(s) No active, latent or congenital venereal disease.

(t) No history or evidence of mental disease, epilepsy, incontinence of urine or enuresis.

(u) No disease/deformity/syndrome of musculo-skeletal system and joints incl skull, spine and limbs.

(v) There is no congenital or hereditary disease/ syndrome/disability.

4. Psychological examinations will be carried out during SSB selection procedure. However, any abnormal traits noticed during medical examination will be a cause for rejection.

5. Based on the above mentioned guidelines usual medical conditions which lead to rejection are:-

(a) Musculo-skeletal deformities of spine, chest and pelvis, limbs e.g. scoliosis, torticollis, kyphosis, deformities of vertebrae, ribs, sternum, clavicle, other bones of skeleton, mal-united fractures, deformed limbs, fingers, toes and congenital deformities of spine.

(b) Deformities of Limbs: Deformed limbs, toes and fingers, deformed joints like cubitus valgus, cubitus varus, knock knees, bow legs, hyper mobile joints, amputated toes or fingers and shortened limbs.

(c) Vision and eye: Myopia, hypermetropia, astigmatism, lesions of cornea, lens, retina, squint and ptosis.

(d) Hearing, ears, nose and throat: Sub standard hearing capability, lesions of pinna, tympanic membranes, middle ear, deviated nasal septum, and congenital abnormalities of lips, palate, peri-auricular sinuses and lymphadenitis/ adenopathy of neck. Hearing capacity should be 610 cm for Conversational Voice and Forced Whispering for each ear.

(e) Dental conditions:-

(i) Incipient pathological conditions of the jaws, which are known to be progressive or recurrent.

(ii) Significant jaw discrepancies between upper and lower jaw which may hamper efficient mastication and/or speech will be a cause for rejection.

(iii) Symptomatic Temporo-Mandibular Joint clicking and tenderness. A mouth opening of less than 30 mm measured at the incisal edges, Dislocation of the TMJ on wide opening.

(iv) All potentially cancerous conditions.

(v) Clinical diagnosis for sub mucous fibrosis with or without restriction of mouth opening.

(vi) Poor oral health status in the form of gross visible calculus, periodontal pockets and/or bleeding from gums.

(vii) Loose teeth: More than two mobile teeth will render the candidate unfit.

(viii) Cosmetic or post-traumatic maxillofacial surgery/trauma will be UNFIT for at least 24 weeks from the date of surgery/injury whichever is later.

(ix) If malocclusion of teeth is hampering efficient mastication, maintenance of oral hygiene or general nutrition or performance of duties efficiently.

(f) Chest: Tuberculosis, or evidence of tuberculosis, lesions of lungs, heart, musculo skeletal lesions of chest wall.

(g) Abdomen and genitor-urinary system: Hernia, un-descended testis, varicocele, organomegaly, solitary kidney, horseshoe kidney & cysts in the kidney/liver, Gall bladder stones, renal and ureteric stones, lesions/deformities of urogenital organs, piles, sinuses and lymphadenitis/pathy.

(h) Nervous system: Tremors, speech impediment and imbalance.

(j) Skin: Vitiligo, haemangiomas, warts, corns, dermatitis, skin infections growths and hyperhydrosis.

6. **Height and Weight Standards for Female Candidates joining NDA (Army)**:

Age (yrs)	Minimum weight for all ages	Age: 17 to 20 yrs	Age: 20 +01 day-30 yrs	Age : 30 + 01 Day- 40 yrs	Age: Above 40 yrs
Height (cm)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)
140	35.3	43.1	45.1	47.0	49.0
141	35.8	43.7	45.7	47.7	49.7
142	36.3	44.4	46.4	48.4	50.4
143	36.8	45.0	47.0	49.1	51.1
144	37.3	45.6	47.7	49.8	51.8
145	37.8	46.3	48.4	50.5	52.6
146	38.4	46.9	49.0	51.2	53.3
147	38.9	47.5	49.7	51.9	54.0
148	39.4	48.2	50.4	52.6	54.8
149	40.0	48.8	51.1	53.3	55.5
150	40.5	49.5	51.8	54.0	56.3
151	41.0	50.2	52.4	54.7	57.0
152	41.6	50.8	53.1	55.4	57.8
153	42.1	51.5	53.8	56.2	58.5
154	42.7	52.2	54.5	56.9	59.3
155	43.2	52.9	55.3	57.7	60.1
156	43.8	53.5	56.0	58.4	60.8
157	44.4	54.2	56.7	59.2	61.6
158	44.9	54.9	57.4	59.9	62.4
159	45.5	55.6	58.1	60.7	63.2
160	46.1	56.3	58.9	61.4	64.0
161	46.7	57.0	59.6	62.2	64.8
162	47.2	57.7	60.4	63.0	65.6
163	47.8	58.5	61.1	63.8	66.4

(a) The minimum height required for entry into the Armed Forces for female Candidates is 152 cm. Gorkhas and candidates belonging to Hills of North Eastern region of India, Garhwal and Kumaon will be accepted with a minimum height of 148 cm. An allowance for growth of 02 cm will be made for candidates below 18 yrs at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Flying Branch also requires other anthropometric standards like sitting height, leg length and thigh length.

(b) Weight for height charts given below is for all categories of personnel. This chart is prepared based on the BMI. The chart specifies the minimum acceptable weight that candidates of a particular height must have. Weights below the minimum specified will not be acceptable in any case. The maximum acceptable weight of height has been specified in age wise categories. Weights higher than the acceptable limit will be acceptable only in the case of candidates with documented evidence of body building,

wrestling, and boxing at the National level. In such cases the following criteria will have to be met.

(i) Body Mass Index should be below 25.

(ii) Waist Hip ratio should be below 0.9 for male and 0.8 for female.

(iii) Waist Circumference should be less than 90 cm for male and 80 cm for female.

(iv) All biochemical metabolic parameters should be within normal limits.

Note: The height and weight for candidates below 17 years will be followed as per guidelines by 'Indian Academy of Paediatrics growth charts for height, weight and BMI for 05 Years to 16 Years old children' amended from time to time.

7. **Height and Weight Standards for Male Candidates joining NDA (Army)**: Height requirement varies as per the stream of entry. Weight should be proportionate to height as per the chart given below:-

Age (yrs)	Minimum weight for all ages	Age: 17 to 20 yrs	Age: 20+01 day - 30 yrs	Age: 30 + 01 day - 40 yrs	Age: Above 40 yrs
Height (cm)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)
140	35.3	43.1	45.1	47.0	49.0
141	35.8	43.7	45.7	47.7	49.7
142	36.3	44.4	46.4	48.4	50.4
143	36.8	45.0	47.0	49.1	51.1
144	37.3	45.6	47.7	49.8	51.8
145	37.8	46.3	48.4	50.5	52.6
146	38.4	46.9	49.0	51.2	53.3
147	38.9	47.5	49.7	51.9	54.0
148	39.4	48.2	50.4	52.6	54.8
149	40.0	48.8	51.1	53.3	55.5
150	40.5	49.5	51.8	54.0	56.3
151	41.0	50.2	52.4	54.7	57.0
152	41.6	50.8	53.1	55.4	57.8
153	42.1	51.5	53.8	56.2	58.5
154	42.7	52.2	54.5	56.9	59.3
155	43.2	52.9	55.3	57.7	60.1
156	43.8	53.5	56.0	58.4	60.8
157	44.4	54.2	56.7	59.2	61.6
158	44.9	54.9	57.4	59.9	62.4
159	45.5	55.6	58.1	60.7	63.2

160	46.1	56.3	58.9	61.4	64.0
161	46.7	57.0	59.6	62.2	64.8
162	47.2	57.7	60.4	63.0	65.6
163	47.8	58.5	61.1	63.8	66.4
164	48.4	59.2	61.9	64.6	67.2
165	49.0	59.9	62.6	65.3	68.1
166	49.6	60.6	63.4	66.1	68.9
167	50.2	61.4	64.1	66.9	69.7
168	50.8	62.1	64.9	67.7	70.6
169	51.4	62.8	65.7	68.5	71.4
170	52.0	63.6	66.5	69.4	72.3
171	52.6	64.3	67.3	70.2	73.1
172	53.3	65.1	68.0	71.0	74.0
173	53.9	65.8	68.8	71.8	74.8
174	54.5	66.6	69.6	72.7	75.7
175	55.1	67.4	70.4	73.5	76.6
176	55.8	68.1	71.2	74.3	77.4
177	56.4	68.9	72.1	75.2	78.3
178	57.0	69.7	72.9	76.0	79.2
179	57.7	70.5	73.7	76.9	80.1
180	58.3	71.3	74.5	77.8	81.0
181	59.0	72.1	75.4	78.6	81.9
182	59.6	72.9	76.2	79.5	82.8
183	60.3	73.7	77.0	80.4	83.7
184	60.9	74.5	77.9	81.3	84.6
185	61.6	75.3	78.7	82.1	85.6
186	62.3	76.1	79.6	83.0	86.5
187	62.9	76.9	80.4	83.9	87.4
188	63.6	77.8	81.3	84.8	88.4
189	64.3	78.6	82.2	85.7	89.3
190	65.0	79.4	83.0	86.6	90.3
191	65.7	80.3	83.9	87.6	91.2
192	66.4	81.1	84.8	88.5	92.2
193	67.0	81.9	85.7	89.4	93.1
194	67.7	82.8	86.6	90.3	94.1
195	68.4	83.7	87.5	91.3	95.1
196	69.1	84.5	88.4	92.2	96.0
197	69.9	85.4	89.3	93.1	97.0
198	70.6	86.2	90.2	94.1	98.0
199	71.3	87.1	91.1	95.0	99.0
200	72.0	88.0	92.0	96.0	100.0

201	72.7	88.9	92.9	97.0	101.0
202	73.4	89.8	93.8	97.9	102.0
203	74.2	90.7	94.8	98.9	103.0
204	74.9	91.6	95.7	99.9	104.0
205	75.6	92.5	96.7	100.9	105.1
206	76.4	93.4	97.6	101.8	106.1
207	77.1	94.3	98.6	102.8	107.1
208	77.9	95.2	99.5	103.8	108.2
209	78.6	96.1	100.5	104.8	109.2
210	79.4	97.0	101.4	105.8	110.3

(a) Weight for height charts given above is for all categories of personnel. This chart is prepared based on the BMI. The chart specifies the minimum acceptable weight that candidates of a particular height must have. Weights below the minimum specified will not be acceptable in any case. The maximum acceptable weight of height has been specified in age wise categories. Weights higher than the acceptable limit will be acceptable only in the case of candidates with documented evidence of body building, wrestling, and boxing at the National level. In such cases the following criteria will have to be met.

(i) Body Mass Index should be below 25.

(ii) Waist Hip ratio should be below 0.9 for males and 0.8 for females.

(iii) Waist Circumference should be less than 90 cm for males and 80 cm for females.

(iv) All biochemical metabolic parameters should be within normal limits.

Note: The height and weight for candidates below 17 years will be followed as per guidelines by 'Indian Academy of Paediatrics growth charts for height, weight and BMI for 05 Years to 16 Years old children' amended from time to time.

(b) The minimum height required for male/female candidates for entry into the Armed Forces is 157 cm or as decided by the respective recruiting agency. Gorkhas and candidates belonging to Hills of North Eastern region of India. Garhwal and Kumaon, will be accepted with a minimum height of 152 cm.

Note : An allowance for growth of 02 cm will be made for both male and female candidates below 18 yrs of age at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Anthropometric standards like sitting height, leg length and thigh length are also required by the Flying Branch.

8. Following investigations will be carried out for all officer entries and for pre-commission training academies. However examining medical officer/ medical board may ask for any other investigation deemed fit.

(a) Complete haemogram
(b) Urine RE

(c) Chest X-ray
(d) USG abdomen and Pelvis.

9. Certain standards vary depending on age and type entry viz stds for vision as follows:-

Parameter	Standards : 10+2 entries, NDA(Army), TES and equivalent	Graduate & equivalent entries: CDSE, IMA, OTA, UES, NCC,TGC & equivalent	Post graduate & equivalent entries: JAG, AEC , APS, RVC,TA, AMC, ADC, SL & equivalent
Uncorrected vision(max allowed)	6/36 & 6/36	6/60 &6/60	3/60 & 3/60
BCVA	Rt 6/6 & Lt 6/6	Rt 6/6 & Lt 6/6	Rt 6/6 & Lt 6/6
Myopia	≤ -2.5 D Sph (including max astigmatism ≤ +/- 2.0 D Cyl)	≤ -3.50 D Sph (including max astigmatism ≤ +/- 2.0 D Cyl)	≤ -5.50 D Sph (including max astigmatism ≤ +/- 2.0 D Cyl)
Hypermetropia	≤+2.5 D Sph, (including max astigmatism ≤ +/- 2.0 D Cyl)	≤+3.50 DSph (including max astigmatism ≤ +/- 2.0 D Cyl)	≤+3.50 D Sph (including max astigmatism ≤ +/- 2.0 D Cyl)
Lasik/equivalent Surgery	Not permitted	Permitted *****	Permitted*
Colour perception	CP-II	CP-II	CP-II

***LASIK or Equivalent kerato-refractive procedure**

(a) Any candidate who has undergone any kerato-refractive procedure will have a certificate/operative notes from the medical centre where he/she has undergone the procedure, specifying the date and type of surgery.

Note: Absence of such a certificate will necessitate the Ophthalmologist to make a decision to reject the candidate with specific endorsement of "Unfit due to undocumented Visual Acuity corrective procedure".

(b) In order to be made FIT, the following criteria will have to be met:

(i) Age more than 20 yrs at the time of surgery

(ii) Minimum 12 months post LASIK

(iii) Central corneal thickness equal to or more than 450 µ

(iv) Axial length by IOL Master equal to or less than 26 mm

(v) Residual refraction of less than or equal to +/- 1.0 D incl cylinder, (provided acceptable in the category applied for).

(vi) Normal healthy retina.

(vii) Corneal topography and ectasia markers can also be included as addl criteria.

Candidates who have undergone radial keratotomy are permanently unfit

10. Form to be used for med board proceedings is AFMSF-2A.

11. Procedure of Medical Examination Board: Medical Examination Board for selection for officers and pre-commissioning training academies are convened at designated Armed Forces Medical Services Hospitals near Service Selection Boards (SSB). These Medical Boards are termed as 'Special Medical Board' (SMB). Candidates who clear SSB interview are referred to Armed Forces Medical Services Hospital with identification documents. Staff Surgeon of Hospital will identify the candidate, guide the candidate to fill the relevant portions of the AFMSF-2, organize investigations and examination by Medical, Surgical, Eye, ENT, Dental specialists. Female candidates are examined by Gynaecology Specialist also. After examination by Specialists, the candidate is brought before Medical Board. Medical Board once satisfied with findings of Specialists will declare fitness of candidate. If any candidate is declared 'Unfit' by SMB, such candidates can request for 'Appeal Medical Board' (AMB). Detailed procedure for AMB will be provided by President SMB.

12. Miscellaneous aspects:

(a) Clinical methods of examinations are laid down by O/O DGAFMS.

(b) Female candidates will be examined by female medical officers and specialists. In case of non availability they will be examined by Medical Officer in the presence of female attendant.

(c) Fitness following surgery: Candidates may be declared fit after surgery. However, there should not be any complication; scar should be healthy, well healed and attained required tensile strength. The candidate shall be considered fit after 01 year of open/laproscopic surgeries for hernia and twelve weeks of laparoscopic abdominal surgery for cholesystectomy. For any other surgery, fitness shall be considered only after 12 weeks of the laparoscopic surgery and 12 months after an open surgery. Candidate shall be unfit for any surgeries for injuries, ligament tear, and meniscus tear of any joint, irrespective of duration of surgery.

Annexure B

MEDICAL STANDARDS AND PROCEDURE OF MEDICAL EXAMINATION FOR OFFICER ENTRIES INTO NAVY

PROCEDURE ON CONDUCT OF MEDICAL BOARDS

1. A candidate recommended by the Services Selection Board (SSB) will undergo a medical examination (Special Medical Board) by a Board of Service Medical Officers. Only those

candidates, who are declared fit by the Medical Board, will be admitted to the Academy. However, the President of the Medical Board will intimate the candidates declared unfit of their results and the procedure for an Appeal Medical Board (AMB)to be completed in a Command Hospital or equivalent within 42 days of Special Medical Board.

2. Candidates who are declared unfit by the Appeal Medical Board (AMB) may request for Review Medical board (RMB) within one day of completion of Appeal Medical Board. The President AMB will intimate about the procedure of challenging the findings of AMB. The candidates will also be intimated that sanction for holding of Review Medical Board (RMB) will be granted at the discretion of DGAFMS based on the merit of the case and that RMB is not a matter of right. The candidate should address the request for RMB if he/ she so desires to DMPR, Integrated Headquarters Ministry of Defence (Navy), Sena Bhawan, Rajaji Marg, New Delhi – 110011 and a copy of the same is handed over to the President of AMB. O/o DGAFMS will inform the date and place (Delhi and Pune only) where the candidate will appear for a RMB.

3. The following investigations will be carried out mandatorily during Special Medical Board. However, Medical Officer / Medical Board examining a candidate may ask for any other investigation as required or indicated:-

(a) Complete Haemogram

(b) Urine RE/ME

(c) X Ray chest PA view

(d) USG abdomen & pelvis

(e) Liver Function Tests

(f) Renal Function Tests

(g) X Ray Lumbosacral spine, Anterior-Posterior and Lateral views

(h) Electrocardiogram (ECG)

PHYSICAL STANDARDS FOR OFFICERS (MALE/ FEMALE) ON ENTRY

4. The candidate must be physically fit according to the prescribed physical standards.

(a) The candidate must be in good physical and mental health and free from any disease/ disability which is likely to interfere with the efficient performance of dutiesboth ashore and afloat, under peace as well as war conditions in any part of the world.

(b) There should be no evidence of weak constitution, bodily defects or underweight. The candidate should not be overweight or obese.

5. **Weight**

Height-Weight Chart : Navy

Height in Mtrs	Up to 17 yrs		17 yrs + 1 day to 18 yrs		18 yrs + 1 day to 20 yrs		20 yrs + 1 day to 30 yrs		Above 30 yrs	
	Minimum Weight in Kg	Maximum Weight in Kg	Minimum Weight in Kg	Maximum Weight in Kg	Minimum Weight in Kg	Maximum Weight in Kg	Minimum Weight in Kg	Maximum Weight in Kg	Minimum Weight in Kg	Maximum Weight in Kg
1.47	37	**45**	40	**45**	40	**48**	40	**50**	40	**52**
1.48	37	**46**	41	**46**	41	**48**	41	**50**	41	**53**
1.49	38	**47**	41	**47**	41	**49**	41	**51**	41	**53**
1.5	38	**47**	42	**47**	42	**50**	42	**52**	42	**54**
1.51	39	**48**	42	**48**	42	**50**	42	**52**	42	**55**
1.52	39	**49**	43	**49**	43	**51**	43	**53**	43	**55**
1.53	40	**49**	43	**49**	43	**51**	43	**54**	43	**56**
1.54	40	**50**	44	**50**	44	**52**	44	**55**	44	**57**
1.55	41	**50**	44	**50**	44	**53**	44	**55**	44	**58**
1.56	41	**51**	45	**51**	45	**54**	45	**56**	45	**58**
1.57	42	**52**	46	**52**	46	**54**	46	**57**	46	**59**
1.58	42	**52**	46	**52**	46	**55**	46	**57**	46	**60**
1.59	43	**53**	47	**53**	47	**56**	47	**58**	47	**61**
1.6	44	**54**	47	**54**	47	**56**	47	**59**	47	**61**
1.61	44	**54**	48	**54**	48	**57**	48	**60**	48	**62**
1.62	45	**55**	49	**55**	49	**58**	49	**60**	49	**63**
1.63	45	**56**	49	**56**	49	**58**	49	**61**	49	**64**
1.64	46	**56**	50	**56**	50	**59**	50	**62**	50	**65**
1.65	46	**57**	50	**57**	50	**60**	50	**63**	50	**65**
1.66	47	**58**	51	**58**	51	**61**	51	**63**	51	**66**
1.67	47	**59**	52	**59**	52	**61**	52	**64**	52	**67**
1.68	48	**59**	52	**59**	52	**62**	52	**65**	52	**68**
1.69	49	**60**	53	**60**	53	**63**	53	**66**	53	**69**
1.7	49	**61**	53	**61**	53	**64**	53	**66**	53	**69**
1.71	50	**61**	54	**61**	54	**64**	54	**67**	54	**70**
1.72	50	**62**	55	**62**	55	**65**	55	**68**	55	**71**
1.73	51	**63**	55	**63**	55	**66**	55	**69**	55	**72**
1.74	51	**64**	56	**64**	56	**67**	56	**70**	56	**73**
1.75	52	**64**	57	**64**	57	**67**	57	**70**	57	**74**
1.76	53	**65**	57	**65**	57	**68**	57	**71**	57	**74**

1.77	53	**66**	58	**66**	58	**69**	58	**72**	58	**75**
1.78	54	**67**	59	**67**	59	**70**	59	**73**	59	**76**
1.79	54	**67**	59	**67**	59	**70**	59	**74**	59	**77**
1.8	55	**68**	60	**68**	60	**71**	60	**75**	60	**78**
1.81	56	**69**	61	**69**	61	**72**	61	**75**	61	**79**
1.82	56	**70**	61	**70**	61	**73**	61	**76**	61	**79**
1.83	57	**70**	62	**70**	62	**74**	62	**77**	62	**80**
1.84	58	**71**	63	**71**	63	**74**	63	**78**	63	**81**
1.85	58	**72**	63	**72**	63	**75**	63	**79**	63	**82**
1.86	59	**73**	64	**73**	64	**76**	64	**80**	64	**83**
1.87	59	**73**	65	**73**	65	**77**	65	**80**	65	**84**
1.88	60	**74**	65	**74**	65	**78**	65	**81**	65	**85**
1.89	61	**75**	66	**75**	66	**79**	66	**82**	66	**86**
1.9	61	**76**	67	**76**	67	**79**	67	**83**	67	**87**
1.91	62	**77**	67	**77**	67	**80**	67	**84**	67	**88**
1.92	63	**77**	68	**77**	68	**81**	68	**85**	68	**88**
1.93	63	**78**	69	**78**	69	**82**	69	**86**	69	**89**
1.94	64	**79**	70	**79**	70	**83**	70	**87**	70	**90**
1.95	65	**80**	70	**80**	70	**84**	70	**87**	70	**91**

Notes for Male Candidates:-

(a) The minimum and maximum weight for height will be standard for all categories of personnel. Candidates with weight below the minimum specified will not be accepted.

(b) Male candidates with weight higher than specified will be acceptable only in exceptional circumstances in case of candidates with documented evidence of body building, wrestling, boxing or muscular build. In such cases, the following criteria are to be met:-

(i) Body Mass Index should not be more than 25.

(ii) Waist : Hip Ratio less than 0.9.

(iii) All biochemical parameters such as blood sugar Fasting and Post Prandial, blood urea, creatinine, cholesterol, HbA1C%, etc are within normal limits.

(c) The fitness can only be given by a Medical Specialist.

(d) The minimum acceptable height is 157 cms. However, relaxation in height is permissible to candidates holding domicile of areas as mentioned below and talented sports male candidates:

Sl No.	Category	Minimum Height for Male Candidates
(i)	Tribals from Ladhakh Region	155 Cm
(ii)	Andaman & Nicobar, Lakshdweep and Minicoy Islands	155 Cm
(iii)	Gorkhas, Nepali, Assamese, Garhwali, Kumaoni and Uttarakhand	152 Cm
(iv)	Bhutan, Sikkim & North East Region	152 Cm
(v)	Extra talented sports candidates	155 Cm

Notes for Female Candidates:-

(a) The minimum and maximum weight for height will be standard for all categories of personnel. Candidates with weight below the minimum specified will not be accepted.

(b) Candidates with weight higher than specified will be acceptable only in exceptional circumstances in case of candidates with documented evidence of body building, Wrestling, boxing or muscular build. In such cases, the following criteria are to be met :

(i) Body Mass Index should not be more than 25.
(ii) Waist : Hip Ratio less than 0.8 for female.
(iii) All biochemical parameters such as blood sugar Fasting and Post Prandial, blood urea, creatinine, cholesterol, HbA1C%, etc are within normal limits.

(c) The fitness can only be given by a Medical Specialist.

(d) The minimum acceptable height for female Candidates is 152 cms. However, relaxation in height is permissible to candidates holding domicile of areas as mentioned below:

Srl No.	Category	Minimum Height for Female Candidates
(i)	Tribals from Ladhakh Region	150 Cm
(ii)	Aandaman& Nicobar, Lakshdweep and Minicoy Islands	150 Cm
(iii)	Gorkhas, Nepali, Assamese, Garhwali, Kumaoni and Uttarakhand	147 Cm
(iv)	Bhutan, Sikkim &North East Region	147 Cm

(e) The above relaxation in height will not be applicable to candidates seeking entry as officers into the Navy in Pilot/ Observer specialisations of the Executive branch.

6. During the medical examination of candidates, the following principal points will be ensured:-

(a) The candidate is sufficiently intelligent, although the responsibility on this point rests with the Enrolling Officer. The Medical Officer will bring to the Enrolling Officer's notice any deficiency he/she may observe during the examination.

(b) The hearing is good and that there is no sign of any disease of ear, nose or throat.

(c) Vision in either eye is up to the required standard. His/ her eyes are bright, clear and with no obvious squint or abnormality. Movements of eye balls should be full and free in all directions.

(d) Speech is without impediment.

(e) There is no glandular swelling.

(f) Chest is well formed and that his/her heart and lungs are sound.

(g) Limbs of the candidates are well formed and fully developed.

(h) There is no evidence of hernia of any degree or form.

(j) There is free and perfect action of all the joints.

(k) Feet and toes are well formed.

(l) Absence of any congenital malformation or defects.

(m) He/she does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

(n) Presence of sufficient number of sound teeth for efficient mastication.

(p) Absence of any disease of the Genito-Urinary tract.

The candidates very often do not give family history of disease because of ignorance. At times deliberate attempt is made for concealment of disease for fear of rejection. In all these cases Recruiting Medical Officer should state in concerned Para of AFMSF-2A, if there is any relevant history of Fits, Leprosy, Epilepsy or Tuberculosis. It is, however, essential to make a thorough clinical examination of candidates for any signs of organic disease/physical deformity. Recruiting Medical Officer should either reject the candidate or endorse the disease in respective column, if it is of acceptable nature.

7. Major defects for rejection are as under:-

(a) Weak constitution, imperfect development, congenital malformation, muscular wasting.

Note:- Muscular wasting is to be judged entirely by its effect on function.

(b) Malformation of the head including deformity from fracture or depression of the bones of the skull.

(c) **Assessment of Scoliosis.** Idiopathic Scoliosis upto 10 degrees for Lumbar Spine and 15 degrees of Dorsal Spine will be acceptable provided.

(i) Individual is asymptomatic.
(ii) No history of trauma to spine.
(iii) No chest asymmetry/shoulder imbalance or pelvic obliquity in the lumbar spine.
(iv) There is no neurological deficit.
(v) No congenital anomaly of the spine.
(vi) There is absence of syndromic features.
(vii) ECG is normal.
(viii) No deformity exists on full flexion of the spine.
(ix) No restriction of range of movements.
(x) No organic defect causing structural abnormality.

(d) Skeletal deformity either hereditary or acquired and disease or impairment of function of bones or joints.

Note:- Rudimentary cervical rib causing no signs or symptoms is acceptable.

(e) Asymmetry of torso or limbs, abnormality of locomotion including amputation.

(f) Deformity of feet and toes.

(i) **Hyperextensible Finger Joints**. All candidates shall be thoroughly examined for hyper-extensible finger joints. Any extension of fingers bending backwards beyond 90 degrees shall be considered hyper-extensible and considered unfit. Other joints like Knee, Elbow, Spine and Thumb shall also be examined carefully for features of hyper laxity/ hypermobility. Although the individual may not show features of hyper laxity in other joints, isolated presentation of hyper extensibility of finger joints shall be considered unfit because of the various ailments that may manifest later if such candidates are subjected to strenuous physical training as mentioned above.

(ii) **Mallet Finger**. Loss of extensor mechanism at the distal inter-phalangeal joint leads to Mallet finger. Chronic mallet deformity can lead to secondary changes in the PIP and MCP joint which can result in compromised hand function. Normal range of movement at DIP joints is 0-80 degree and PIP joint is 0-90 degrees in both flexion and extension. In Mallet finger, candidate is unable to extend/ straighten distal phalanx of fingers completely.

(aa) Candidates with mild condition i.e., less than 10 degrees of extension lag without any evidence of trauma, pressure symptoms and any functional deficit should be declared Fit.

(ab) Candidates with fixed deformity of fingers will be declared Unfit.

(iii) **Polydactyly**. Can be assessed for fitness 12 weeks post-op. Can be declared fit if there is no bony abnormality (X-Ray), wound is well healed and scar is supple and there is no evidence of neuroma or clinical examination.

(iv) **SimpleSyndactyly**. Can be assessed for fitness 12 weeks post op. Can be declared fit if there is no bony abnormality (X-Ray), wound is well healed and scar is supple and webspace is satisfactory.

(v) **Complex Syndactyly**. Unfit

(vi) **Polymazia**. Candidates to be considered fit after 12 weeks of post operative period if there is no post operative complication with a well healed surgical would and no residual disease.

(vii) **Hyperostosis FrontalisInterna**. Will be considered fit in the absence of any other metabolic abnormality.

(g) **Healed Fractures.**

(i) All intra-articular fractures especially of major joints (Shoulder, elbow, wrist, hip, knee and ankle) with or without surgery, with or without implant shall be considered unfit.

(ii) All extra-articular with post-operative implant insitu shall be considered unfit and will be considered for fitness after minimum of 12 weeks of implant removal.

(iii) Nine (09) months will be the minimum duration for considering evaluation following extra-articular injuries of all long bones (both upper and lower limbs) post injury which have been managed conservatively. Individual will be considered fit if there is:-

(aa) No evidence of mal-alignment/mal-union.
(ab) No neuro-vascular deficit.
(ac) No soft tissue loss.
(ad) No functional deficit.
(ae) No evidence of osteomyelitis/sequestra formation.

(h) **CubitusRecurvatum**. >10 degrees is Unfit

(j) **Cubitus Valgus**.

(i) **Measurement of Carrying Angle**. The carrying angle at the elbow is assessed conventionally with the elbow in full extension using a protractor goniometer to measure the axes from the surface margin of the arm and forearm. However, variations in the development of the soft tissues in the arm and forearm generally lead to inconsistencies in the measured results. So far, there is no

uniform method to measure the carrying angle of the elbow. However, measuring the carrying angle of the elbow through identification of bony landmarks on the acromion, medial and lateral epicondyles of the humerus, and the distal radial and ulnar styloid processes is recommended. Carrying angle is measured by a manual goniometer with two drawing axes of the arm and forearm. The axis of the arm is defined by the lateral border of the cranial surface of the acromion to the midpoint of the lateral and medial epicondyles of the humerus. The axis of the forearm is defined by the midpoint of the lateral and medial epicondyles of the humerus to the midpoint of the distal radial and ulnar styloid processes.

(ii) Cubitus valgus should be primarily a clinical diagnosis. The suggested indications to perform a radiographic evaluation include:-

(aa) History of trauma

(ab) Scar around elbow

(ac) Asymmetry of angles

(ad) Distal neurovascular deficit

(ae) Restricted range of motion

(af) If deemed necessary by Orthopaedic Surgeon

(k) **Hyperextension at Elbow Joint**. Individuals can have naturally hyperextended elbow. This condition is not a medical problem, but can be a cause of fracture or chronic pain especially considering the stress and strains military population is involved in. Also, the inability to return the elbow to within 10 degrees of the neutral position is impairment in the activities of daily living.

(i) Measurement modality. Measured using a Goniometer

(ii) Normal elbow extension is 0 degrees. Up to 10 degrees of hyperextension is within normal limits if the patient has no history of trauma to the joint. Anyone with hyperextension more than 10 degree should be unfit.

8. ***Eye***.

(a) Deformity or morbid condition of the eye or eyelids that is liable for aggravation or recurrence.

(b) Manifest squint of any degree.

(c) Active trachoma or its complication or sequelae.

(d) Visual acuity below prescribed standards.

Notes:-

1. Visual standards for NDA/ NA entry are as follows :-

Criteria	**NDA/ NA**
Uncorrected Vision	6/12 6/12
Corrected Vision	6/6 6/6
Limits of Myopia	-1.0 D Sph
Limits of Hypermetropia	+2.0 D Sph
Astigmatism (within limits of myopia and hypermetropia)	± 1.0 D Cyl
Binocular Vision	III
Colour Perception	CP Pass*

* CP defect will be assessed by only Ishihara test during SMB. However, Anomaloscope to be used during AMB/RMB for confirmation, as application.

2. **Kerato Refractive Surgery.** Keratometry will be performed for candidates at SMB for detecting undeclared refracto-corrective procedures like PRK/LASIK/SMILE, etc. Values for the same will be endorsed in SMB. Candidates who have undergone any Refractory Surgery (PRK/LASIK/SMILE) can be considered fit in all branches (except submarine, diving and MARCO cadre) subject to the following conditions:-

(a) Surgery should not have been carried out before 20 yrs of age.

(b) Uncomplicated surgery at least 12 months before examination (Certificate mentioning the type of refractive surgery, date of surgery and pre-operative refractive error from concerned eye centre is to be produced by the candidate at the time of recruitment medical examination).

(c) **Post LASIK Standards**. Candidate will be considered Fit if Axial Length by IOL Master is equal to or less than 26 mm by IOL Master or A Scan and Central Corneal Thickness by Pachymeter equal to or more than 450 microns.

(d) Residual refraction less than or equal to ±1.0 D Sph or Cyl, provided within the permissible limit for the category applied for. However, for Pilot and Observer entries, the residual refraction should be nil.

(e) Pre-operative refractive error not more than +/- 6.0 D

(f) Normal retinal examination.

3. Kerato-Refractory Surgery (PRK, LASIK, SMILE) is not acceptable for special cadres such as submarine, diving and MARCO. ***Candidates who have undergone Radial Keratotomy are permanently unfit for all branches.***

4. **Ptosis**. Candidate will be considered fit post-operative provided there is no recurrence one year after surgery, visual axis is clear with normal visual fields and upper eyelid is 02 mm below the superior limbus. Candidates, who have not

undergone surgery for the condition, would be considered fit if they meet any of the following criteria:-

(a) Mild ptosis

(b) Clear visual axis

(c) Normal visual field

(d) No sign of aberrant degeneration/ head tilt

5. **Exotropia**. Unfit

6. **Anisocoria**. If size difference between the pupils is >01mm, candidate will be considered unfit.

7. **HeterochromiaIridum**. Unfit

8. **Sphincter Tears**. Can be considered fit is size difference between pupils is <01mm, pupillary reflexes are brisk with no observed pathology in cornea, lens or retina.

9. **Pseudophakia**. Unfit

10. **Lenticular Opacities**. Any lenticular opacity causing visual deterioration, or is in the visual axis or is present in an area of 07 mm around the pupils, which may cause glare phenomenon, should be considered Unfit. The propensity of the opacities not to increase in size or number should also be a consideration when deciding fitness. Small stationery lenticular opacities in the periphery like congenital blue dot cataract, not affecting the visual axis/ visual field may be considered by specialist (Should be less than 10 in number and central area of 04 mm to be clear).

11. **Optic Nerve Drusen**. Unfit

12. **High Cup Disc Ratio**. Candidates will be declared unfit if any of the following conditions exist:-

(i) Inner eye symmetry in cup disc ratio is >0.2.
(ii) Retinal Nerve Fibre Layer defect seen by RNFL analysis on OCT.
(iii) Visual field defect by Visual Field Analyser.

13. **Keratoconus**. Unfit

14. **Lattice**.

(a) The following lattice degenerations will render a candidate Unfit:-

(i) Single circumferential lattice extending more than two clock hours in either or both eyes.

(ii) Two circumferential lattices each more than one clock hour in extent in either or both eyes.

(iii) Radial lattices.

(iv) Any lattice with atrophic hole/ flap tears (Unlasered).

(v) Lattice degenerations posterior to equator.

(b) Candidates with lattice degeneration will be considered Fit under the following conditions:-

(i) Single circumferential lattice without holes of less than two clock hours in either or both eyes.

(ii) Two circumferential lattices without holes each being less than one clock hour in extent in either or both eyes.

(iii) Post Laser delimitation single circumferential lattice, without holes/ flap tear, less than two clock hours extent in either or both eyes.

(iv) Post Laser delimitation two circumferential lattices, without holes/flap tear, each being less than one clock hour extent in either or both eyes.

9. ***Ear, Nose and Throat***.

(a) ***Ear***. History or recurrent ear ache, tinnitus or vertigo, impairment of hearing, disease of the external meatus including atresia, exostosis or neoplasm which prevent a thorough examination of the drum, unhealed perforation of the tympanic membrane, aural discharge or sign of acute or chronic suppurative otitis media, evidence of radical or modified radical mastoid operation.

Notes:-

1. A candidate should be able to hear forced whisper at a distance of 610 cms with each ear separately with back to the examiner.

2. **Otitis Media**. Current Otitis Media of any type will entail rejection. Evidence of healed chronic otitis media in the form of tympanosclerosis/ scarred tympanic membrane affecting less than 50% of Pars Tensa of tympanic membrane will be assessed by ENT Specialist and will be acceptable if Pure Tone Audiometry (PTA) and Tympanometry are normal. All cases of Tympanoplasty and Myringoplasty/Myringotomy for choronic Otitis Media will entail permanent rejection.

(i) The fwg conditions would render a candidate Unfit:-

(aa) Residual perforation

(ab) Residual hearing loss on Free Field Hearing and/or PTA

(ac) Any other type of tympanoplasty (other than Type 1 Tympanoplasty) or middle ear surgery (including ossiculoplasty, stapedotomy, canal wall down mastoidectomy, atticotomy, attico-antrostomy, etc)

(ad) Any implanted hearing device (eg. cochlear implant, bone conduction implant, middle ear implants etc)

(b) **Bony Growth of External Auditory Canal**. Any candidate with clinically evident bony growth of external auditory canal like exostosis, osteoma, fibrous dysplasia etc. will be declared Unfit. Assessment of operated cases will be done after minimum period of 4 weeks. Post-surgery histopathology report and HRCT temporal bone will be mandatory. If the histo-pathological report is suggestive of a neoplasia or HRCT temporal bone is suggestive of partial removal or deep extension it would entail rejection.

(c) ***Nose.*** Disease of the bones or cartilages of the nose, marked nasal allergy, nasal polyps, atrophic rhinitis, disease of the accessory sinuses and nasopharynx.

Septal Perforation. Nasal septal perforation can be anterior cartilaginous or posterior bony perforation. Any septal perforation greater than 01 cm in the greatest dimension is a ground for rejection. A septal perforation which is associated with nasal deformity, nasal crusting, epistaxis and granulation irrespective of the size is a ground for rejection.

(i) **Nasal Polyposis**. It is also known as Chronic Rhinosinusitis with polyposis (CRSwNP). Nasal polyposis is mostly associated with allergy, asthma, sensitivity to NSAIDs and infection i.e. bacterial and fungal. Most of these patients have high chances of recurrence and require long term management with nasal/ oral steroids and are unfit for extremes of climate and temperature conditions. Any individual detected to have nasal polyposis on examination or with history of having undergone surgery for nasal polyposis will be rejected.

(c) ***Throat***. Disease of throat palate, tongue, tonsils, gums and disease or injury affecting the normal function of either mandibular joints.

Note:- Simple hypertrophy of the tonsils without associated history of attacks of tonsillitis is acceptable.

(d) ***Disease of the larynx and impediment of speech.*** Voice should be normal. Candidates with pronounced stammer will not be accepted.

10. ***Dental Condition***. It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.

(a) A candidate must have a minimum of 14 dental points to be acceptable in order to assess the dental condition of an individual. Dental points less than 14 are a cause of

rejection. The dental points are allotted as under for teeth in good opposition with corresponding teeth in the other jaw:-

(i) Central incisor, lateral incisor, canine, 1st Premolar, 2nd Premolar and under developed third molar with 1 point each.

(ii) 1st molar and 2nd molar and fully developed 3rd molar with 2 points each.

(iii) When all 32 teeth are present, there will be a total count of 22 or 20 points according to whether the third molars are well developed or not.

(b) The following teeth in good functional apposition must be present in each jaw:-

(i) Any 4 of the 6 anteriors.
(ii) Any 6 of the 10 posteriors.

All these teeth must be sound/ repairable.

(c) Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that in the opinion of the Dental Officer, it can be cured without extraction of teeth, the candidates may be accepted. A note about the affected teeth is to be inserted by the Medical/ Dental Officer in the medical documents.
(d) Artificial dentures are not to be included while counting the dental points.

11. ***Neck***.

(a) Enlarged glands, tubercular or due to other diseases in the neck or other parts of the body.

Note:- Scars of operations for the removal of tubercular glands are not a cause for rejection provided there has been no active disease within the preceding five years and the chest is clinically and radiologically clear.

(b) Disease of the thyroid gland.

(c) **Chest**. The following are criteria for rejection:-

(aa) Deformity of chest, congenital or acquired.

(ab) Expansion less than 5 cms.

(ac) Significant bilateral/ unilateral Gynaecomastia in males. Can be evaluated for fitness 12 weeks post-op. Candidates to be considered fit after 12 weeks op post operative period if:

(ad) There is a well healed surgical wound with no residual disease.
(ae) No post operative complication.
(af) Surgical scar should be sufficiently matured and unlikely to cause any problems during military training,

(ag) Normal general physical examination.
(ah) Endocrine workup is normal.

12. ***Skin and Sexually Transmitted Infection (STI)***.

(a) Skin disease unless temporary or trivial.

(b) Scars which by their extent or position cause or are likely to cause disability/ or marked disfigurement.

(c) Hyperhydrosis - Palmar, plantar or axillary.

(d) Congenital, active or latent sexually transmitted diseases.

Note:- In cases with old healed scar over the groin or penis/ vagina suggestive of past STI, blood will be tested for STI (Including HIV) to exclude latent Sexually Transmitted Disease.

13. ***Respiratory System***.

(a) History of chronic cough or Bronchial Asthma.

(b) Evidence of Pulmonary Tuberculosis.

(b) Evidence of diseases of bronchi, lungs or pleurae detected on radiological examination of the chest will disqualify the candidate.

Note:- An X-Ray examination of the chest will be carried out under following circumstances:-

(i) On entry into the service as a cadet or direct entry.

(ii) At the time of grant of permanent commission in case of short service commissioned officer.

14. ***Cardio-Vascular System***.

(a) Functional or organic disease of the heart or blood vessels, presence of murmurs or clicks on auscultation.

(b) Tachycardia (Pulse Rate persistently over 96/min at rest), bradycardia (Pulse Rate persistently below 40/ min at rest), any abnormality of peripheral pulses.

(c) **Blood Pressure**. Candidate with Blood Pressure consistently greater than 140/90mm Hg will be rejected. All such candidates shall undergo a 24 hour Ambulatory Blood Pressure Monitoring (24h ABPM) to differentiate between white coat hypertension and persistent hypertension. Wherever feasible, candidates will be evaluated by a

Cardiologist at AMB. Those with normal 24h ABPM and without any target organ damage can be considered fit after evaluation by a cardiologist.

(c) **Electrocardiogram (ECG)**. Any ECG abnormality detected at SMB will be a ground for rejection. Such candidates will be evaluated by a cardiologist during AMB with echocardiography for structural abnormality and stress test if deemed necessary. Benign ECG abnormalities like incomplete RBBB, T wave inversion in inferior leads, T inversion in V1-V3 (persistent juvenile pattern), LVH by voltage criteria (due to thin chest wall) may exist without any structural heart disease. Echocardiography should be performed in all such cases to rule out an underlying structural heart disease and opinion of Senior Adviser (Medicine)/ Cardiologist should be obtained. If echocardiography and stress tests (if indicated) are normal, the individual can be considered fit.

15. ***Abdomen***.

(a) Evidence of any disease of the gastro-intestinal tract, enlargement of liver, gall bladder or spleen, tenderness on abdominal palpation, evidence/ history of peptic ulcer or previous history of extensive abdominal surgery. All officer entry candidates are to be subjected to the Ultra Sound Examination of the abdominal and pelvic organs for detecting any abnormalities of the internal organs.

(b) Hyperbilirubinemia of any nature is Unfit except for Unconjugated Hyperbilirubinemia where genetic studies confirm Gilbert's Syndrome as the etiological factor meeting criteria fulfilled below:-

(i) Unconjugated Hyperbilirubinemia with Total Serum Bili rubin < 3mg/dl, normal transaminases, PT/INR and albumin.

(ii) HBs Ag and Anti HCA should be negative.

(iii) No abnormality on PBS, Reticulocyte count, lactate dehydrogenenase levels, (LDH), Vit B12 and Hb electrophoresis.

(iv) Normal Ultrasonogram of the lover and FIBROSCAN.

(v) Diagnosis of Gilbert's Syndrome by genetic analysis of UGT1A1 gene.

(c) Post-op Assessment. Post-op duration for assessment of fitness in common conditions:-

(i) **Hernia**. Those who have been operated for hernia may be declared fit provided:-

(aa) 24 weeks have elapsed since the operation for Anterior Abdominal Wall hernia. Documentary proof to this effect is to be produced by the candidate.

(ab) General tone of the abdominal musculature is good.

(ac) There has been no recurrence of hernia or any complication connected with the operation.

(ii) **Other Conditions**. Those who have been operated for below mentioned conditions may be declared fit provided:-

(aa) Open Cholecystectomy. 24 weeks (In the absence of Incisional Hernia)

(ab) Laparoscopic Cholecystectomy. 08 weeks (Normal LFT, Normal histopathology)

(ac) Appendicectomy.

(i) Laparoscopic Appendectomy will be assessed for post operative fitness after a minimum period of 04 weeks. Candidates will be considered fit if:-

(aa) Post site scars have healed well.
(ab) Scars are supple.
(ac) Histo-pathological report of acute appendicitis is available.
(ad) USG confirmation of absence of port site incisional hernia.

(ii) **Open Appendectomy with muscle split approach** will be assessed for post op fitness after a minimum period **12 weeks.** Candidates will be considered fit if:-

(aa) Wound has healed well.
(ab) Scar is supple and non tender.
(ac) Histo-pathological report of acute appendicitis is available.
(ad) USG confirmation of absence of surgical site incisional hernia.

(iii) **Open Appendectomy with muscle cut approach** will be assessed for post op fitness after a minimum period **06 months.** Candidates will be considered fit if:-

(aa) Wound has healed well.
(ab) Scar is supple and non tender. appendicitis is available.
(ad) USG confirmation of absence of surgical site incisional
(ac) Histo-pathological report of acute
.

(ad) Pilonidal Sinus. 12 weeks

(ae) Fistula-in-Ano, Anal Fissure and Grade IV Hemorrhoids.12 weeks post-op with satisfactory treatment and recovery.

(af) **Hydrocele and Varicocele**. 08 weeks post-op with satisfactory treatment and recovery.

(ag) **Urachal cyst.** 08 weeks post-op with satisfactory treatment and absence of any remnant.

(d) **Agenesis of Gall Bladder**. Will be considered fit in the absence of any other abnormality of the biliary tract. MRCP will be done for all such cases.

16. ***Genito-Urinary System***.

(a) Any evidence of disease of genital organs.

(b) Bilateral undescended testis, unilateral undescended testis retained in the inguinal canal or at the external abdominal ring unless corrected by operation.

Note:- Absence of one testis is not a cause for rejection unless the testis has been removed on account of disease or its absence has affected the physical or mental health of the candidate.

(c) Disease or malformation of the kidneys or urethra.

(d) Incontinence of urine and nocturnal enuresis.

(e) Any abnormality on examination of urine including albuminuria or glycosuria.

(f) The following are criteria for rejection:-

(i) Renal Calculi. Irrespective of size, numbers, obstructive or non-obstructive. History of renal calculi (History or radiological evidence) will render a candidate Unfit.

(ii) Calyecdasis

(iii) Bladder Diverticulum

(iv) Simple Renal Cyst. > 1.5 Cm

17. ***Central Nervous System***.

(a) Organic disease of Central Nervous System.

(b) Tremors.

(c) Candidates with history of fits and recurrent attacks of headache/ migraine will not be accepted.

18. ***Psychiatric Disorders***. History or evidence of mental disease or nervous instability in the candidate or his family.

19. **Lab Investigation (Hematology)**.

(a) **Polycythemia**. Hemoglobin more than 16.5g/dL in males and more than 16g/dL in females will be considered as Polycythemia and deemed Unfit.

(b) **Monocytosis**. Absolute monocyte counts greater than 1000/cu mm or more than or equal to 10% of total WBC counts is to be deemed Unfit.

(c) **Eosinophilia**. Absolute eosinophil counts greater than or equal to 500/ cu mm is deemed Unfit.

20. **Women Candidates**. They should not be pregnant and should also be free from gynaecological disorders such as primary or secondary Amenorrhea/ Dysmenorhoea/ Menorrhagia etc. All women candidates are to be subjected to Ultra Sound Examination of the abdominal and pelvic organs for detecting any abnormalities of the internal organs.

21. **Acceptable Defects on Entry**. Candidates for the Navy with the following minor defects may be accepted. These defects are however to be noted in the medical forms on entry.

(a) Knock Knees with a separation of less than 5 cm at the internal malleoli.

(b) Mild curvature of legs not affecting walking or running. Intercondylar distance should not be over 7 cm.

(c) Mild stammering not affecting expression.

(d) Mild degree of varicocele.

(e) Mild degree of varicose veins.

Note:- Remedial operations wherever required are to be performed prior to entry. No guarantee is given about ultimate acceptance and it should be clearly understood by a candidate that the decision whether an operation is desirable or necessary is one to be made by their private medical advisor. The Government will accept no liability regarding the result of operation or any expenses incurred.

(f) Any other slight defect which produces no functional disability and which in the opinion of medical officer/ medical board will not interfere with the individual's efficiency as an officer or sailor.

Annexure C

MEDICAL STANDARDS FOR NDA (AIR FORCE) (FLYING & GROUND DUTY BRANCHES)

GENERAL INSTRUCTIONS

1. In this section, standardized guidelines for the physical assessment of candidates for commissioning through NDA into flying and ground duty branches in the IAF are elaborated. The purpose of these guidelines is to lay down uniform physical standards and to ensure that the

candidates are free of health conditions that may hamper or limit their performance in the respective branch. The guidelines enumerated in this section are meant to be applied in conjunction with the standard methods of clinical examination.

2. All candidates during their induction should meet the basic physical fitness standards which will enable them to proficiently undergo the training and the subsequent service in varied climatic and work environments. A candidate will not be assessed physically fit unless the complete examination shows that he/ she is physically and mentally capable of withstanding the severe physical and mental strain for prolonged periods. The requirements of medical fitness are essentially the same for all branches, except for aircrew in whom the parameters for visual acuity, anthropometry and certain other physical standards are more stringent.

3. The medical standards spelt out pertain to initial entry medical standards. Continuation of medical fitness during training will be assessed during the period medical examinations held at NDA/AFA prior to commissioning. They are not exhaustive, in view of the vast spectrum of diseases. These standards are subject to change with the advancement in the scientific knowledge and change in working conditions of Armed Forces.

4. **Laboratory and Radiological Investigations for Special Medical Board**

(a) Hematology: Complete Haemogram (Haumoglobin estimation, Total Leucocyte Count with Differential Leucocyte Count, Platelet Count).

(b) Hb Electrophoresis will be carried out in candidates for commissioning to exclude Haemoglobinopathies.

(c) **Biochemistry**: Liver function test (LFT), Renal Function Test (RFT), Blood glucose estimation (Fasting and tow hours after 75g anhydrous glucose/82.5g glucose monohydrate loading), Lipid profile.

(d) Urine Routine Examination (RE) and Microscopic Examination (ME).

(e) ECG

(f) Radiology:-

(i) Radiograph Chest PA view in all candidates.

(ii) Radiograph Limbosacral Spine: AP and Lateral views in all candidates.

(iii) In addition to the above radiographs, Cervical Spine – AP and Lateral views, Dorsal Spine – AP and Lateral views will be carried out in all candidates being assessed **for flying duties**.

(iv) USG Abdomen and Pelvis.

(v) Any other additional investigation deemed necessary will be conducted during the Appeal stage.

General Physical Assessment

5 Every candidate, to be fit for the Air Force, must conform to the minimum standards laid down in the succeeding paragraphs. The physical parameters should fall within the acceptable ranges and should be proportionate.

6. The residual effects of old fractures/ injuries are to be assessed for any functional limitation. If there is no effect on function, the candidate can be assessed fit. Following categories should be meticulously assessed:

(a) **Spine injuries**. Cases of old fractures of spine are unfit. Any residual deformity of spine or compression of a vertebra will be cause for rejection.

(b) **Nerve injuries**. Injuries involving the trunks of the larger nerves, resulting in loss of function, or neuroma formation, which causes pain significant tingling, indicate unsuitability for employment in flying duties.

(c) **Keloids**. The presence of large or multiple keloids will be a cause for rejection.

(d) **Surgical Scars.** Minor well-healed scars for e.g. as resulting from any superficial surgery do not, per se, indicate unsuitability for employment. Extensive scarring of a limb or torso that may cause functional limitation or unsightly appearance should be considered unfit.

(e) **Birth Marks**. Abnormal pigmentation in the form of hypo or hyper-pigmentation is not acceptable. Localized, congenital mole/ naevus, however, is acceptable provided its size is <10 cm. Congenital multiple naevi or vascular tumours that interfere with function or are exposed to constant irritation are not acceptable.

(f) **Subcutaneous Swellings.** Lipoma will be considered fit unless the lipoma is causing significant disfigurement/ functional impairment due to the size/ location. Neurofibroma, if single will be considered fit. Multiple neurofibromas associated with significant *Café-au-lait* spots (more than 1.5 cm size or more than one in number) will be considered unfit.

(g) **Cervical Rib**. Cervical rib without any neuro-vascular compromise will be accepted. Meticulous clinical examination to rule out neuro-vascular compromise should be performed in such cases. This should be documented in the Medical Board proceedings.

(h) **Cranio-facial Deformities**. Asymmetry of the face and head or uncorrected deformities of skull, face or mandible which will interfere with proper fitting of oxygen mask, helmet or military headgear will be considered unfit. Major deformities even after corrective surgery will be considered unfit.

(j) **History relating to Operations.** A candidate who has undergone an abdominal operation involving extensive surgical intervention or partial/ total excision of any organ is, as a rule, unfit for service. Operation involving the cranial vault with any residual bony defect will be unfit. Major thoracic operations will make the candidate unfit.

Measurements and Physique

7. Chest Shape and Circumference. The shape of the chest is as important as its actual measurement. The chest should be well proportioned and well developed. Any chest deformity likely to interfere with physical exertion during training and performance of military duties or adversely impact military bearing or are associated with any cardio-pulmonary or musculoskeletal anomaly are to be considered unfit. Minimum recommended chest circumference for Candidates is 77 cm. The chest expansion should be at least 05 cm for all candidates. For the purpose of documentation, any decimal fraction lower than 0.5 cm will be ignored, 0.5 cm will be recorded as such and 0.6 cm and above will be recorded as 1 cm.

8. **Height.**

(a) **Ground Duty Branches.** The minimum height for entry into ground duty branches is as follows:-

(i) Male – 157 cm.

(ii) Female – 152 cm.

Note 1:- In case of candidates of Lakshadweep ethnicity, the minimum acceptable height is reduced by 02 cm (155 cm for male and 150 cm for female). For Gorkhas and individual belonging to North-Eastern regions of India and hilly regions of Uttarakhand, the minimum acceptable height will be 05 cm less (152 cm for male and 147 cm for female).

Note 2:- Candidates of North East and Hilly states ethnicity includes Gorkhas, Kumaonis, Garhwalis, Assamese and those belonging to the states of Nagaland, Manipur, Mizoram, Meghalaya, Arunachal Pradesh, Tripura, Sikkim and hilly areas of Uttarkhand.

(b) **Flying Duty Branches**. The minimum height (both male and female) for entry into flying duty branches is as follows:-

(i) Pilots, Flight Test Engineers (FTE) and WSO of Su-30 MKI – **162 cm**.

(ii) Officers and airmen who apply for aircrew duties, other than F (P), FTE duties and WSO of Su-30 MKI – **157 cm**.

9. Height, Sitting Height, Leg Length and Thigh Length for Male Candidates.

(a) Minimum height for Flying Branch will be 162.5 cm. Acceptable measurements of leg length, thigh length and sitting height for such aircrew will be as under: -

(i)	Sitting height	Minimum	81.5 cm
		Maximum	96.0 cm
(ii)	Leg Length	Minimum	99.0 cm
		Maximum	120.0 cm
(iii)	Thigh Length	Maximum	64.0 cm

10. Body Weight Parameters

(a) The acceptable weight range for candidates is given at Appendix A (Male candidates) and Appendix B (Female candidates) to this chapter. Candidates outside the given weight range for their age and height will not be acceptable.

Appendix A
(Refer para 8 & 10)

WEIGHT FOR HEIGHT CHART: MALES (AT ENTRY)

Height (cm)	Minimum Weight (Kg)	Maximum Weight (Kg)		
		Age at last birthday Below 20 yrs	Age at last birthday 20 to 25 yrs	Age at last birthday Above 25 yrs
152	40	53	55	58
153	40	54	56	59
154	40	55	57	59
155	41	55	58	60
156	41	56	58	61
157	42	57	59	62
158	42	57	60	62
159	43	58	61	63
160	44	59	61	64
161	44	60	62	65
162	45	60	63	66
163	45	61	64	66
164	46	62	65	67
165	46	63	65	68
166	47	63	66	69
167	47	64	67	70
168	48	65	68	71
169	49	66	69	71
170	49	66	69	72
171	50	67	70	73
172	50	68	71	74
173	51	69	72	75
174	51	70	73	76
175	52	70	74	77
176	53	71	74	77
177	53	72	75	78
178	54	73	76	79
179	54	74	77	80
180	55	75	78	81
181	56	75	79	82
182	56	76	79	83
183	57	77	80	84

184	58	78	81	85
185	58	79	82	86
186	59	80	83	86
187	59	80	84	87
188	60	81	85	88
189	61	82	86	89
190	61	83	87	90
191	62	84	88	91
192	63	85	88	92
193	63	86	89	93
194	64	87	90	94
195	65	87	91	95
196	65	88	92	96
197	66	89	93	97
198	67	90	94	98
199	67	91	95	99
200	68	92	96	100

Appendix B
(Refer para 8 &10)

WEIGHT FOR HEIGHT CHART: FEMALES (AT ENTRY)

Height (cm)	**Minimum Weight (Kg)**	**Maximum Weight (Kg)**		
		Age at last birthday Below 20 yrs	**Age at last birthday 20 to 25 yrs**	**Age at last birthday Above 25 yrs**
147	37	45	48	51
148	37	46	48	51
149	37	47	49	52
150	37	47	50	53
151	37	48	50	54
152	37	49	51	54
153	37	49	51	55
154	38	50	52	56
155	38	50	53	56
156	39	51	54	57
157	39	52	54	58
158	40	52	55	59
159	40	53	56	59
160	41	54	56	60
161	41	54	57	61
162	42	55	58	62
163	43	56	58	62
164	43	56	59	63
165	44	57	60	64
166	44	58	61	65
167	45	59	61	66

168	45	59	62	66
169	46	60	63	67
170	46	61	64	68
171	47	61	64	69
172	47	62	65	70
173	48	63	66	70
174	48	64	67	71
175	49	64	67	72
176	50	65	68	73
177	50	66	69	74
178	51	67	70	74
179	51	67	70	75
180	52	68	71	76
181	52	69	72	77
182	53	70	73	78
183	54	70	74	79
184	54	71	74	80
185	55	72	75	80
186	55	73	76	81
187	56	73	77	82
188	57	74	78	83
189	57	75	79	84
190	58	76	79	85
191	58	77	80	86
192	59	77	81	87
193	60	78	82	88
194	60	79	83	88
195	61	80	84	89

CARDIOVASCULAR SYSTEM

11. **Pulse**. Persistent sinus tachycardia (> 100 bpm) as well as persistent sinus bradycardia (< 60 bpm) are unfit. In case bradycardia is considered to be physiological, the candidate can be declared fit after evaluation by Medical specialist/cardiologist.

12. **Blood pressure**. An individual with systolic blood pressure greater than or equal to 140 mmHg and/or diastolic blood pressure greater than or equal to 90 mmHg shall be rejected.

13. **Cardiac Murmurs**. Evidence of organic cardiovascular disease will be cause for rejection. Diastolic murmurs are invariably organic. Short systolic murmurs of ejection systolic nature and not associated with thrill and which diminish on standing, especially if associated with a normal ECG and chest radiograph, are most often functional.

14. **ECG**. Any ECG abnormality detected at SMB/Recruitment Medical Examination will be a ground for rejection. Benign ECG abnormalities like incomplete RBBB, T wave inversion in inferior leads, T inversion in V1 to V3 (persistent juvenile pattern), LVH by voltage criteria (due to thin chest wall) may exist without any structural heart disease. Echocardiography should be

performed in all such cases to rule out an underlying structural heart disease and opinion of Senior Advisor (Medicine)/Cardiologist should be obtained.

15. **Congenital Cardiac Anomalies**. All congenital cardiac anomalies will be declared unfit.

16. **Cardiac surgery and interventions.** Candidates with history of cardiac surgery/ intervention in the past will be considered unfit.

RESPIRATORY SYSTEM

17. **Pulmonary Tuberculosis.** Any residual scarring in pulmonary parenchyma or pleura, as evidenced by a demonstrable opacity on chest radiogram will be a ground for rejection. Old treated cases with no significant residual abnormality can be accepted if the diagnosis and treatment was completed more than two years earlier.

18. **Pleurisy with Effusion**. Any evidence of pleural thickening will be a cause for rejection. At the time of appeal, these cases will be subjected to detailed evaluation with appropriate investigations by Pulmonologist/Medical Specialist.

19. **Bronchitis**. History of repeated attacks of cough/wheezing/bronchitis may be manifestations of chronic bronchitis or other chronic pathology of the respiratory tract. Such cases will be assessed unfit and will be subjected to detailed evaluation with appropriate investigations at the time of appeal by Pulmonologist/Medical Specialist.

20. **Bronchial Asthma**. History of repeated attacks of bronchial asthma/wheezing/ allergic rhinitis will be a cause for rejection.

21. **Radiographs of the Chest**. Definite radiological evidence of disease of the lungs, mediastinum and pleurae are criteria for declaring the candidate unfit.

22. **Thoracic Surgery**. Candidate with history of any major surgery of the thorax will be considered unfit.

GASTROINTESTINAL SYSTEM

23. **Head to toe examination.** Presence of any sign of liver cell failure (e.g. loss of hair, parotidomegaly, spider naevi, gynaecomastia, testicular atrophy, flapping tremors etc) and any evidence of malabsorption (pallor, nail and skin changes, angular cheilitis, pedal edema) will entail rejection.

24. **Gastro-Duodenal Disabilities.**Any past surgical procedure involving partial or total loss of an organ (other than vestigial organs/gall bladder) will entail rejection.

25. **Diseases of the Liver.** If past history of jaundice is noted or any abnormality of the liver function is suspected, full investigation is required for assessment. Candidates suffering from viral hepatitis or any other form of jaundice will be rejected. Such candidates can be declared fit after a minimum period of 6 months has elapsed provided there is full clinical recovery; HBV and HCV status are both negative and liver functions are within normal limits. History of recurrent jaundice and hyperbilirubinemia of any nature is unfit.

26. **Disease of the Spleen.** Candidates who have undergone partial/ total splenectomy are unfit, irrespective of the cause for operation.

27. **Hernia.**Any abdominal wall hernia is unfit. A candidate with a well-healed surgical scar, after 24 weeks of either open or laparoscopic repair, is considered fit provided there is no evidence of recurrence and the abdominal wall musculature is good.

28. **Abdominal Surgery.** A candidate with well-healed scar post conventional abdominal surgery (except appendicectomy through right iliac fossa incision, refer par 3.5.9 (b)) will be considered fit after 24 weeks provided there is no potential for any recurrence of the underlying pathology, no evidence of incisional hernia and the condition of the abdominal wall musculature is good.

29. **Anorectal Conditions**. The examiner should do a digital rectal examination and rule out haemorrhoids, sentinel piles, anal skin tags, fissures, sinuses, fistulae, prolapsed rectal mass or polyps.

(a) **Fit**.

(i) After rectal surgery for polyps, haemorrhoids, fissure, fistula, ulcer or pilonidal sinus, provided there is no residual/recurrent disease.

(aa) Anal Fissure, Hemorrhoids: After 12 weeks of surgery.
(ab) Pilonidal Sinus: After 12 weeks of surgery.

(b) **Unfit**.

(i) Rectal prolapse even after surgical correction.
(ii) Active anal fissure/External Skin tags.
(iii) Hemorrhoids (external or internal).
(iv) Anal Fistula.
(v) Anal or rectal polyp.
(vi) Anal stricture.
(vii) Fecal incontinence.

30 **Ultrasonography of Abdomen**

(a) **Liver**

Fit

(i) Normal echo-anatomy of the liver, CBD, IHBR, portal and hepatic veins with liver span not exceeding 15 cm in the mid-clavicular line.

(ii) Solitary simple cyst (thin wall, anechoic) upto 2.5 cm diameter provided that the LFT is normal and hydatid serology is negative.

(iii) Hepatic calcifications to be considered fit if solitary and less than 1 cm with no evidence of active disease like tuberculosis, sarcoidosis, hydatid disease or liver abscess based on relevant clinical examinations and appropriate investigations.

Unfit.

(i) Hepatomegaly more than 15 cm in mid-clavicular line.

(ii) Fatty liver.

(aa) Grade 1 Fatty liver with abnormal LFT.

(ab) Grade 2 and 3 Fatty Liver.

(iii) Solitary cyst > 2.5 cm.

(iv) Solitary cyst of any size with thick walls, septations, papillary projections, calcifications and debris.

(v) Multiple hepatic calcifications or cluster greater than 01 cm.

(vi) Multiple hepatic cysts of any size.

(vii) Any haemangioma irrespective of the size and location.

(viii) Portal vein thrombosis.

(ix) Evidence of portal hypertension (Portal Vein >13 mm, collaterals, ascites).

31 Gall Bladder

(a) Fit

(i) Normal echo-anatomy of the gall bladder.

(ii) **Post laparoscopic Cholecystectomy**. 08 (Normal LFT, normal histopathology).

(iii) **Post Operativeen Cholecystectomy.** 24 weeks, provided LFT and histopathology are within normal limits and in the absence of incisional hernia as confirmed on USG Abdomen.

(b) Unfit

(i) Cholelithiasis or biliary sludge.

(ii) Choledocolithiasis.

(iii) Polyp of any size and number.

(iv) Choledochal cyst.

(v) Gall bladder mass.

(vi) Gall bladder wall thickness > 05 mm.

(vii) Septate gall bladder.

(viii) Persistently contracted gall bladder on repeat USG.

(ix) Incomplete Cholecystectomy.

(c) **Non-visualized Gall Bladder on USG**. Will be considered unfit. They will be considered fit during appeal, if agenesis of gall bladder is confirmed on Magnetic Resonance Cholangio-Pancreatography (MRCP), in the absence of any other abnormality of the biliary tract.

32 Spleen

(a) Unfit

(i) Spleen more than 13 cm in longitudinal axis (or if clinically palpable).

(ii) Any Space Occupying Lesion in the spleen.

(iii) Asplenia.

(iv) Candidates who have undergone partial/ total splenectomy are unfit, irrespective of the cause of operation.

33 Pancreas

(a) **Unfit**

(i) Spleen more than 13 cm in longitudinal axis (or if clinically palpable).

(ii) Any space occupying lesion in the spleen.

(iii) Asplenia.

(iv) Candidates who have undergone partial/total splenectomy are unfit, irrespective of the cause of operation.

34 Peritoneal Cavity

(a) **Unfit**

(i) Ascites.

(ii) Solitary mesenteric or retroperitoneal lymph node >1 cm. (Singleretroperitoneal LN <1 cm and normal in architecture may be considered fit).

(iii) Two or more lymph nodes of any size.

(iv) Any mass or cyst.

35 Major Abdominal Vasculature (Aorta/ IVC). Any structural abnormality, focal ectasia, aneurysm and calcification will be considered as unfit.

36 Appendicectomy.

(a) **Laparoscopic Appendectomy** will be assessed for post-operative fitness after a minimum period of four weeks. Candidate will be considered fit if:-

(i) Post-operative site scars have healed well.
(ii) Scars are supple.
(iii) Histopathological report of acute appendicitis is available.
(iv) UCG confirmation of absence of port site incisional hernia.

(b) **Open Appendectomy** with muscle split approach will be assessed for Post-op fitness after a minimum period of **12 weeks**. Candidates will be considered fit if:-

(i) Wound has healed well.

(ii) Scar is supple and non-tender.

(iii) Histopathological report of appendix is available.

(iv) USG confirmation of absence of surgical site incisional hernia.

UROGENITAL SYSTEM

The fitness criteria to be followed are as follows:-

37. Undescended testis (UDT)/Orchidectomy.

(a) **Unfit**.

(i) If the testis cannot be palpated (unilateral or bilateral) even after examination of the candidate in squatting position.

(ii) Bilateral orchidectomy due to any cause such as trauma, torsion or infection is unfit.

(b) **Fit**.

(i) Operatively corrected UDT at least four weeks after surgery, provided after surgical correction, the testis is normal in location and the wound has healed well.

(ii) Unilateral orchidectomy for benign cause, provided other testis is normal in size, fixation and location.

38. Atrophic Testis.

(a) **Unfit**. Bilateral atrophied testis.

(b) **Fit**. Unilateral atrophic testis for benign cause, provided other testis is normal in size, fixation and location.

39 Varicocele

(i) Unfit – All grades of current varicocele.

(ii) Fit - Post-operative cases of varicocele with no residual varicocele and no post operative complication or testicular atrophy after 08 weeks of surgery.

40 Hydrocele

(i) Unfit – Current hydrocele on any side.

(ii) Fit - Operated cases of hydrocele may be made fit after 08 weeks of surgery, if there are no post-op complications and wound has healed well.

41 Epididymal Cyst/ Mass, Spermatocele

(i) Unfit – Current presence of cyst / mass.

(ii) Fit – Post operative cases, where wound has healed well, there is no recurrence and only when benign on histopathology report.

42 Epididymitis/ Orchitis

(i) Unfit – Presence of current orchitis or epididymitis/ tuberculosis.

(ii) Fit – After treatment, provided the condition has resolved completely.

43 Epispadias/ Hypospadias

(i) Unfit – All are unfit, except glanular variety of hypospadias and epispadias, which is acceptable.

(ii) Fit – Post-operative cases at least 08 weeks after successful surgery, provided recovery is complete and there are no complications.

44 **Penile Amputation.** Any amputation will make the candidate unfit.

45 **Phimosis**

(i) Unfit – Current phimosis, if tight enough to interfere with local hygiene and voiding and/ or associated with Balanitis Xerotica Obliterans.

(ii) Fit – Operated cases will be considered fit after 04 weeks of surgery, provided wound is fully healed and no post-op complications are seen.

46 **Meatal Stenosis**

(i) Unfit – Current disease, if small enough to interfere with voiding.

(ii) Fit – Mild disease not interfering with voiding and post-operative cases after a period of 04 weeks of surgery with adequately healed wound and no post op complications.

47. Stricture Urethra, Urethral Fistula. Any history of / current cases or post-op cases are unfit.

48. Sex reassignment surgery/ Intersex condition. Unfit

49. Nephrectomy. All cases, irrespective of the type of surgery (Simple/ radical/ donor/ partial/ RFA/ cryo-ablation) are unfit.

50. Renal Transplant Recipients. Unfit

51. Urachal Cyst :08 Weeks (To be declared fit in the absence of any remnant)

52. Cases of Bladder diverticulum will be declared as Unfit.

53 **Urine Examination**

(a) **Proteinuria.** Proteinuria will be a cause for rejection, unless it proves to be orthostatic.

(b) **Glycosuria.** When glycosuria is detected, a blood sugar examination (fasting and after 75 g glucose) and glycosylated Hb is to be carried out, and fitness decided as per results. Renal glycosuria is not a cause for rejection.

(c) **Urinary Infections.** When the candidate has history or evidence of urinary infection it will entail full renal investigation. Persistent evidence of urinary infection will entail rejection.

(d) **Haematuria.** Candidates with history of haematuria will be subjected to full renal investigation.

54 Glomerulonephritis.

(a) Acute. In this condition there is a high rate of recovery in the acute phase, particularly in childhood. A candidate who has made a complete recovery and has no proteinuria may be assessed fit, after a minimum period of one year after full recovery.

(b) Chronic. Candidate with chronic glomerulonephritis will be rejected.

55 Renal Calculi. Irrespective of size, numbers, obstructive or non-obstructive, history of renal calculi (history or radiological evidence) will render a candidate Unfit.

56 Sexual Transmitted Diseases and Human Immuno Deficiency Virus (HIV). Seropositive HIV status and/ or evidence of STD will entail rejection.

57 Ultrasonography of the Abdomen - Urogenital System

58 Kidneys, ureters and urinary bladder

(a) Unfit

(i) Congenital structural abnormalities of kidneys or urinary tract

(aa) Unilateral renal agenesis.

(ab) Unilateral or bilateral hypoplastic/ contracted kidney of size less than 08 cm.

(ac) Malrotation of kidney.

(ad) Horseshoe kidney.

(ae) Ptosed kidney.

(af) Crossed fused/ ectopic kidney.

(ii) Simple single renal cyst of more than 1.5 cm size in one kidney.

(iii) Complex cyst/ polycystic disease/ multiple or bilateral cysts.

(iv) Renal/ ureteric/ vesical mass.

(v) Hydronephrosis or Hydroureteronephrosis.

(vi) Calculi - Renal/ Ureteric/ Vesical.

(vii) Calyectasis.

(b) **Fit –**

(i) Solitary, unilateral, simple renal cyst <1.5 cm provided the cyst is peripherally located, round/ oval, with thin smooth wall and no loculations, with posterior enhancement, no debris, no septa and no solid component.

ENDOCRINE SYSTEM

59. Any history suggestive of endocrine disorders will be a cause for rejection.

60. Clinical Examination. Any clinical evidence of endocrine disease will be unfit.

61. All cases of thyroid swelling are unfit. Fitness of such cases will be decided during appeal medical board after evaluation with appropriate investigations.

62. Candidates detected to have Diabetes Mellitus will be rejected. A candidate with a family history of Diabetes Mellitus will be subjected to blood sugar (Fasting and after two hours of 75 g of anhydrous / 82.5 g monohydrate Glucose load) and HbA1c evaluation, which will be recorded.

DERMATOLOGICAL SYSTEM

63. **Relevant History and Examination**. Candidates who give history of sexual exposure to a Commercial Sex Worker (CSW) and have evidence of healed penile sore in the form of a scar must be declared permanently unfit, even in absence of an overt STD, as these candidates are likely 'repeaters' with similar indulgent promiscuous behavior.

64. **Assessment of Diseases of the Skin.** Acute non-exanthematous and non-communicable diseases, which ordinarily run a temporary course, need not be a cause of rejection. Diseases of a trivial nature, and those, which do not interfere with general health or cause incapacity, do not entail rejection.

65. Certain skin conditions are apt to become active and incapacitating under tropical conditions. An individual is unsuitable for service if he has a definite history or signs of chronic or recurrent skin disease. Some of such conditions are described below:-

66. **Palmoplantar Hyperhydrosis**. Some amount of Palmoplantar Hyperhydrosis is physiological, considering the situation that recruits face during medical examination. However, candidates with significant Palmoplantar Hyperhydrosis should be considered unfit.

67. **Acne vulgaris**Mild (Grade I) acne consisting of few comedones or papules, localized only to the face may be acceptable. However, moderate to severe degree of acne (nodulocystic type with or without keloidal scarring) or involving the back should be considered unfit.

68. **Palmoplantar Keratoderma**Any degree of palmoplantar keratoderma manifesting with hyperkeratotic and fissured skin over the palms, soles and heels should be considered unfit.

69. **Ichthyosis vulgaris**Ichthyosis involving the upper and lower limbs, with evident dry, scaly, fissured skin should be considered unfit. Mild xerosis (dry skin) could be considered fit.

70. Candidates having any keloid should be considered unfit.

71. Clinically evident onychomycosis of finger and toe-nails should be declared unfit, especially if associated with nail dystrophy. Mild degree of distal discoloration involving single nail without any dystrophy may be acceptable.

72. Giant congenital melanocytic naevi, greater than 10 cm should be considered unfit, as there is a malignant potential in such large sized naevi.

73. Single corns/ Warts/ Callosities will be considered fit, three months after successful treatment and no recurrence. However, candidates with multiple warts/ corns/ callosities on palms and soles or diffuse palmoplantar mosaic warts, large callosities on pressure areas of palms and soles should be rejected.

74. Psoriasis is a chronic skin condition known to relapse and/or recur and hence should be considered unfit.

75. **Vitiligo**. Those having vitiligo must be made unfit. On appeal, segmental vitiligo under the covered parts may be accepted.

76. A history of chronic or recurrent episodes of skin infections will be cause for rejection. Folliculitis or sycosis barbae from which there has been complete recovery may be considered fit.

77. Individuals who have chronic or frequently recurring episodes of a skin disease of a serious or incapacitating nature e.g. eczema are to be assessed as permanently unfit and rejected.

78. Any sign of Leprosy will be a cause for rejection. All peripheral nerves should be examined for any thickness of the nerves and any clinical evidence suggestive of leprosy is a ground for rejection.

79. Naevus depigmentosus and Beckers naevus may be considered fit. Intradermal naevus, vascular naevi are to be made unfit.

80. Pityriasis Versicolor is to be made unfit. They can be made fit on appeal, if completely treated.

81. Any fungal infection of any part of the body will be unfit. They can be made fit on appeal, if completely treated.

82. Scrotal Eczema may be considered fit on recovery.

83. Canities (premature graying of hair) may be considered fit if mild in nature and no systemic association is seen.

84. Intertrigo may be considered fit on recovery.

85. All STDs are unfit.

86. Scabies may be considered fit only on recovery.

87. Alopecia areata single and small (<2 cm in diameter) lesion on scalp can be accepted. However if multiple, involving other areas or having scarring, the candidate should be rejected.

88. **Gynaecomastia**: Candidates to be considered fit after 12 weeks of post-operative period if: -

(a) There is a well healed surgical wound with no residual disease.

(b) No Post Operative complication.

(c) Surgical scar should be sufficiently matured and unlikely to cause any problems during military training.

(d) Normal general physical examination.

(e) Endocrine workup is normal

89. **Polymazia** Candidates to be considered fit after 12 weeks of Post-Operative period if there is no Post Operative complication with a well healed surgical wound and no residual disease.

MUSCULOSKELETAL SYSTEM AND PHYSICAL CAPACITY

90. **Spinal Conditions:** Past medical history of disease or injury of the spine or sacroiliac joints, either with or without objective signs, which has prevented the candidate from successfully following a physically active life, is a cause for rejection for commissioning. History of recurrent lumbago/ spinal fracture/ prolapsed intervertebral disc and surgical treatment for these conditions will entail rejection.

91 Clinical Examination. Normal thoracic kyphosis and cervical/ lumbar lordosis are barely noticeable and not associated with pain or restriction of movement.

(a) If clinical examination reveals restriction of spine movements, deformities, tenderness of the spine or any gait abnormalities, it will be considered unfit.

(b) Gross kyphosis, affecting military bearing/ restricts full range of spinal movements and/or expansion of chest is unfit.

(c) Scoliosis is unfit, if deformity persists on full flexion of the spine, when associated with restricted range of spine movements or when due to an underlying pathological cause. When scoliosis is noticeable or any pathological condition of the spine is suspected, radiographic examination of the appropriate part of the spine needs to be carried out.

(d) **Spina Bifida**. The following markers should be looked for, on clinical examination and corroborated with radiological evaluation:-

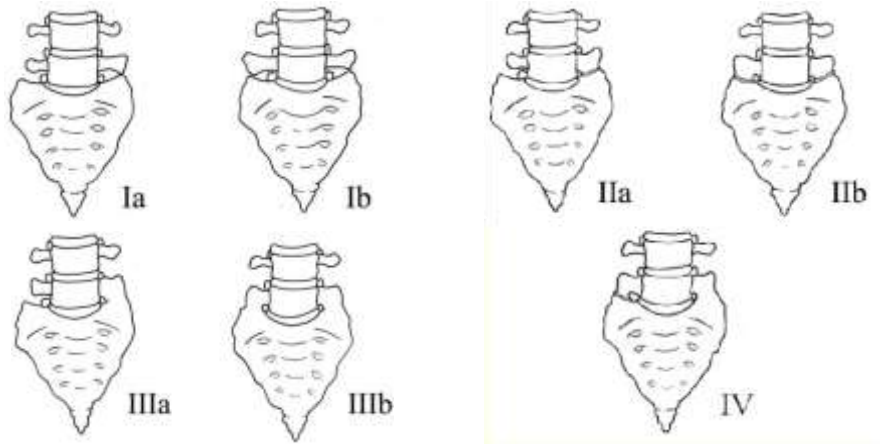
(i) Congenital defects overlying the spine eg, hypertrichosis, skin dimpling, haemangioma, pigmented naevus or dermal sinus.

(ii) Presence of lipoma over spine.

(iii) Palpable spina bifida.

(iv) Abnormal findings on neurological examination.

92. Castellvi Classification for Lumbosacral Transitional Vertebra (LSTV).



Castellvi Classification for LSTV

(a) **Type I**. Enlarged and dysplastic transverse process (at least 19 mm in width in craniocaudal dimension).

(i) **I a**. Unilateral.

(ii) **I b**. Bilateral.

(b) **Type II**. Pseudoarticulation of the transverse process and sacrum with incomplete lumbarisation/sacralistion (enlargement of the transverse process with pseudoarthrosis).

(i) **II a**. Unilateral.

(ii) **II b**. Bilateral.

(c) **Type III**. Transverse process fuses with the sacrum and there is complete lumbarisation or sacralisation (enlarged transverse process with complete fusion).

(i) **III a**. Unilateral.

(ii) **III b**. Bilateral.

(d) **Type IV**. Type II on one side and type III on the contralateral side.

93. Spinal Conditions Unfit for Air Force Duties (Both Flying and Ground Duties)

(a) **Congenital/Developmental Anomalies**.

(i) Wedge Vertebra.

(ii) Hemivertebra.

(iii) Anterior Central Defect.

(iv) Cervical Ribs (Unilateral/Bilateral) with demonstrable neurological or circulatory deficit.

(v) Spina Bifida. All types are unfit except in sacrum and LV5 (if completely sacralised).

(vi) Loss of Cervical Lordosis with neurological deficit.

(vii) Assessment of Scoliosis. Idiopathic scoliosis upto 10 degrees for Lumbar Spine and 15 degrees for Dorsal Spine will be acceptable provided:-

(aa) Individual is asymptomatic.

(ab) No history of trauma to spine.

(ac) No chest asymmetry/shoulder imbalance or pelvic obliquity in the lumbar spine.

(ad) There is no neurological deficit.

(ae) No congenital anomaly of the spine.

(af) There is absence of syndromic features.

(ag) ECG is normal.

(ah) No deformity exists on full flexion of the spine.

(aj) No restriction of range of movements

(ak) No organic defect causing structural abnormality.

(vii) Atlanto-occipital and Atlanto-axial anomalies.

(ix) Incomplete block vertebra at any level.

(x) Complete block vertebra **at more than one level**. (Single level is acceptable. Annotation is to be made in AFMSF-2).

(xi) **Lumbosacral Transitional Vertebra (LSTV)**. Unilateral sacralisation or lumbarisation (complete or incomplete) and Bilateral incomplete sacralisation or lumbarisation (LSTV- Castellvi Type II a and b, III a and IV).

Bilateral Complete Sacralisation of LV5 and Bilateral Complete Lumbarisation of SV1, LSTV Castellvi Type III b, Type I a and b are acceptable (Annotation is to be made in AFMSF-2).

(xii) Spondylolysis/Spondylolisthesis.

(xiii) Intervertebral Disc Prolapse.

(xiv) Schmorl's Nodes at more than one level.

(b) **Traumatic Conditions**

(i) Spondylolysis/ Spondylolisthesis

(ii) Compression fracture of vertebra

(iii) Intervertebral Disc Prolapse

(iv) Schmorl's Nodes at more than one level

(c) **Infective**

(i) Tuberculosis and other Granulomatous disease of spine (old or active)

(ii) Infective Spondylitis

(d) **Autoimmune**

(i) Rheumatoid Arthritis and allied disorders

(ii) Ankylosing spondylitis

(iii) Other rheumatological disorders of spine e.g Polymyositis, SLE and Vasculitis

(e) **Degenerative**

(i) Spondylosis

(ii) Degenerative Joint Disorders

(iii) Degenerative Disc Disease

(iv) Osteoarthrosis/ osteoarthritis

(v) Scheuerman's Disease (Adolescent Kyphosis)

(f) **Any other spinal abnormality, if so considered by the specialist.**

CONDITIONS AFFECTING THE ASSESSMENT OF UPPER LIMBS

94. Amputations and Deformities of Upper limbs. Deformities of the upper limbs or their parts will be cause for rejection. Candidate with an amputation of a limb or any part of limb including fingers will not be accepted for entry.

95. Fingers and Hands. Deformities and limitations to movements will be considered unfit.

(a) **Polydactyly**. Can be declared fit 12 weeks post- operative, if there is no bony abnormality on radiograph, wound is well healed, scar is supple and there is no evidence of neuroma on clinical examination.

(b) **Simple Syndactyly**. Can be declared fit 12 weeks post-operative, if there is no bony abnormality on radiograph, wound is healed, scar is supple and webspace is satisfactory.

(c) **Complex syndactyly**. Unfit.

(d) **Hyperextensible finger joints**. All candidates shall be thoroughly examined for hyperextensible finger joints. Any extension of fingers bending backwards beyond 90 degrees shall be considered hyperextensible and considered unfit. Other joints like knee, elbow, spine and thumb shall also be examined carefully for features of hyper-laxity/hypermobility. Although the individual may not show features of hyperlaxity in other joints, isolated presentation of hyperextensibility of finger joints shall be considered unfit because of the various ailments that may manifest later, if such candidates are subjected to strenuous physical training.

(e) **Mallet Finger**. Loss of extensor mechanism at the distal interphalangeal joint leads to Mallet finger. Chronic mallet deformity can lead to secondary changes in the proximal inter-phalangeal (PIP) and metacarpo-phalangeal (MCP) joint which can result in compromised hand function. Normal range of movement at distal inter-phalangeal (DIP) joints is 0-80 degree and PIP joint is 0-90 degree in both flexion and extension. In Mallet finger, the candidate is unable to extend/straighten distal phalanx of fingers completely.

(i) Candidates with mild condition ie, less than 10 degree of extension lag without any evidence of trauma, pressure symptoms and any functional deficit must be declared fit.

(ii) Candidates with fixed deformity of fingers will be declared unfit.

96. **Wrist.** Painless limitation of movement of the wrist will be assessed according to the degree of stiffness. Loss of dorsiflexion is more serious than loss of palmar flexion.

97. **Elbow.** Slight limitation of movement does not bar acceptance provided functional capacity is adequate. Ankylosis will entail rejection. Cubitus Valgus is said to be present when the carrying angle (angle between arm and forearm in anatomical posture) is exaggerated. In absence of functional disability and obvious cause like a fracture mal-union, fibrosis or the like, a carrying angle of upto 15º in male and 18º in female candidates would be made fit.

98. **Hyperextension at elbow joint:**Individuals can have naturally hyperextended elbow. This condition is not a medical problem, but can be a cause of fracture or chronic pain especially considering the stress and strains military population is involved in. Also, the inability to return the elbow to within 10 degrees of the neutral position is impairment in the activities of daily living.

(a) Measurement modality: Measured using a goniometer

(b) Recommendation: Normal elbow extension is 0 degrees. Up to 10 degrees of hyperextension is within normal limits if the patient has no history of trauma to the joint. Anyone with hyperextension more than 10 degrees should be unfit.

99. Cubitus Varus of > 5 degree will be unfit.

100. Cubitus Recurvatum:. Cubitus recurvatum>10 degrees is unfit

101. Shoulder Girdle. History of recurrent dislocation of shoulder with or without corrective surgery will be unfit.

102. Clavicle. Non-union of an old fracture clavicle will entail rejection. Mal-united clavicle fracture without loss of function and without obvious deformity are acceptable.

CONDITIONS AFFECTING THE ASSESSMENT OF LOWER LIMBS

103 Hallux valgus with angle >20 degrees and first-second metatarsal angle of >10 degrees is unfit. Hallux valgus of any degree with bunion, corns or callosities is unfit.

104 Hallux rigidus is unfit for service.

105 Isolated single flexible mild hammer toe without symptoms may be accepted. Fixed (rigid) deformity or hammer toe associated with corns, callosities, mallet toes or hyperextension at meta-tarso-phalangeal joint (claw toe deformity) are to be rejected.

106 Loss of any digits/ toes entails rejection.

107 Extra digits will entail rejection if there is bony continuity with adjacent digits. Cases of syndactyly will be rejected.

108 Pes Planus (Flat feet)

(a) If the arches of the feet reappear on standing on toes, if the candidate can skip and run well on the toes and if the feet are supple, mobile and painless, the candidate is acceptable.

(b) Rigid or fixed flat feet, gross flat feet, with planovalgus, eversion of heel, cannot balance himself/herself on toes, cannot skip on the forefoot, tender painful tarsal joints, prominent head of talus will be considered unfit. Restriction of the movements of the foot will also be a cause for rejection. Rigidity of the foot, whatever may be the shape of the foot, is a cause for rejection.

109 Pes Cavus and Talipes (Club Foot). Mild degree of idiopathic pes cavus without any functional limitation is acceptable. Moderate and severe pes cavus and pes cavus due to organic disease will entail rejection. All cases of Talipes (Club Foot) will be rejected.

110 Ankle Joints. Any significant limitation of movement following previous injuries will not be accepted. Functional evaluation with imaging should be carried out wherever necessary.

111 Knee Joint. Any ligamentous laxity is not accepted. Candidates who have undergone ACL reconstruction surgery are to be considered unfit.

112 Genu valgum (knock knee) with intermalleolar distance > 5 cm in males and > 8 cm in females will be unfit.

113 Genu varum (bow legs) with intercondylar distance >7 cm will be considered unfit.

114 Genu Recurvatum. If the hyperextension of the knee is within 10 degrees and is unaccompanied by any other deformity, the candidate should be accepted as fit.

115 True lesions of the hip joint or early signs of arthritis will entail rejection.

Healed Fractures

116. Intra-Articular Fractures. All intra-articular fractures especially of major joints (shoulder, elbow, wrist, hip, knee and ankle) with or without surgery, with or without implant shall be considered unfit.

117. Extra-Articular Fractures.

(a) All extra-articular fractures with post-operative implant in-situ shall be considered unfit and will be considered for fitness after minimum of 12 weeks of implant removal.

(b) Nine months will be the minimum duration for considering evaluation following extra-articular injuries of all long bones (both upper and lower limbs) post injury which have been managed conservatively. Individual will be considered fit if there is:-

(i) No evidence of mal-alignment/mal-union.

(ii) No neuro-vascular deficit.

(iii) No soft tissue loss.

(iv) No functional deficit.

(v) No evidence of osteomyelitis/sequestra formation.

118. Peripheral Vascular System

119. Varicose Veins. All cases with active varicose veins will be declared unfit. Post-op cases of varicose veins also remain unfit.

120. Arterial System. Current or history of abnormalities of the arteries and blood vessels e.g. aneurysms, arteritis and peripheral arterial disease will be considered unfit.

121. Lymphoedema. History of past/ current disease makes the candidate unfit.

CENTRAL NERVOUS SYSTEM

122. **History of Mental Illness**.A candidate giving a history of mental illness/psychological afflictions will be rejected.

123. **Family History of Psychological Disorders**. When a history of nervous breakdown, mental disease, or suicide of a near relative is obtained, a careful investigation of the personal past history from a psychological point of view is to be obtained. Any evidence of even the slightest psychological instability in the personal history or present condition must entail rejection.

124. **Family History of Epilepsy**. If a history of epilepsy is obtained in a near relative, then the candidate must be made unfit and subjected to a detailed evaluation with appropriate investigations at the time of appeal.

125. **Severe or 'Throbbing' Headache and Migraine**. A candidate with migraine, which was severe enough to make him/her consult a doctor, will be a cause for rejection. Even a single attack of migraine with visual disturbance or Migrainous epilepsy is to be made unfit.

126. **Fits and Convulsions**. History of epilepsy in a candidate is a cause for rejection. Seizures may masquerade as 'faints' and therefore the frequency and the conditions under which 'faints' took place must be elicited. Such attacks will be made unfit, whatever their apparent nature. An isolated fainting attack calls for enquiry into all the attendant factors to distinguish between syncope and seizures. Complex partial seizures, are criteria for making the candidate unfit.

127. **Heat stroke**. History of repeated attacks of heat stroke, hyperpyrexia or heat exhaustion bars employment for Air Force duties, as it is an evidence of a faulty heat regulating mechanism. A single severe attack of heat effects provided the history of exposure was severe, and no permanent sequelae were evident is, by itself, not a reason for rejecting the candidate.

128. **Head Injury or Concussion**. A history of severe head injury/fracture of the skull/ history of intracranial damage or any residual bony defect in the calvaria is a cause for rejection. Presence of burr holes will be cause for rejection.

129. **Psychosis**. All candidates who are suffering from psychosis are to be rejected. Drug dependence in any form will also be a cause for rejection.

130. **Psychoneurosis**. Mentally unstable and neurotic individuals are unfit for commissioning. Juvenile and adult delinquency, history of nervous breakdown or chronic ill-health are causes for rejection.

131. **Organic Nervous Conditions**. Any evident neurological deficit will call for rejection.

132. **Tremors**. Persistent tremors even after reassuring the candidate will be unfit. On appeal only pathological tremors will render the candidate unfit.

133. **Stammering**. Candidates with stammering will be declared unfit. Stammering will be made unfit, even if it is first detected during the time of appeal medical board.

134. Any history of mental disorder in the family or in the candidate himself/herself or signs of intellectual, emotional or conduct disorders or symptoms of psychosomatic disorders should be made unfit and subjected to detailed evaluation and appropriate investigations at the time of appeal by the psychiatrist.

135. **Hyperstosis Frontalis Interna** will be considered fit in the absence of any other metabolic abnormality.

EAR, NOSE AND THROAT

136. **Nose and Para-nasal Sinuses**.

(a) **External Deformity of Nose or Deviated Nasal Septum**.

(i) Unfit - Gross external deformity of nose causing cosmetic deformity or obstruction to free breathing as a result of a marked septal deviation.

(ii) On appeal - Post corrective surgery with residual mild deviation with adequate airway patency will be acceptable after four weeks post surgery.

(b) **Septal Perforation**- Unfit

(i) On appeal - Any anterior septal perforation/posterior septal perforation > 01 cm in the greatest dimension is a ground for rejection. A septal perforation which is associated with nasal deformity, nasal crusting, epistaxis and granulation irrespective of the size is a ground for rejection.

(c) Atrophic rhinitis- Unfit.

(d) Any history/clinical evidence suggestive of allergic rhinitis/vasomotor rhinitis are to be declared Unfit

(e) Any infection of the para-nasal sinuses is to be declared Unfit. Such cases may be accepted following successful treatment at the Appeal Medical Board.

(f) **Nasal polyposis**. Unfit (treated or untreated).

137 Oral Cavity

(a) **Unfit**

(i) Current/ operated cases of leukoplakia, erythroplakia, submucous fibrosis, ankyloglossia and oral carcinoma.

(ii) Current oral ulcers/ growths and mucous retention cysts.

(iii) Trismus due to any cause.

(iv) Cleft palate, even after surgical correction.

(b) **Fit**

(i) Completely healed oral ulcers after four weeks post-surgery with proven benign histopathology.

(ii) Operated cases of mucus retention cyst with no recurrence and proven benign histology. Evaluation in these cases should be done after minimum 04 weeks post-surgery.

(iii) Sub-mucous cleft of palate with or without bifid uvula not causing Eustachian tube dysfunction may be accepted by ENT specialist, provided PTA, tympanometry and speech are normal.

138 Pharynx and Larynx. The following conditions are unfit:-

(a) Any ulcerative/ mass lesion of the pharynx.

(b) Candidates in whom tonsillectomy is indicated. Such candidates may be accepted minimum 02 weeks after successful surgery provided there are no complications and histology is benign.

(c) Cleft palate.

(d) Any disabling condition of the pharynx or larynx causing persistent hoarseness or dysphonia.

(e) Chronic laryngitis, vocal cord palsy, laryngeal polyps and growths.

139. **Eustachian tube Dysfunction.** Obstruction or insufficiency of Eustachian tube function will be a cause for rejection. Altitude chamber ear clearance test will be carried out before acceptance in in-service candidates.

140. **Tinnitus.** Unfit

141. **Susceptibility to motion sickness**. Specific enquiry should be made for any susceptibility to motion sickness. An endorsement to this effect should be made in AFMSF-2. Such cases will be fully evaluated and, if found susceptible to motion sickness, **they will be rejected for flying duties**. Any evidence of peripheral vestibular dysfunction due to any cause will entail rejection.

142. **Hearing loss.** The following are not acceptable:

(a) Hearing acuity below 600 cm in CV or FW.

(b) The audiometric loss greater than 20 db, in frequencies between 250 and 8000 Hz on PTA.

143. **External Ear**. The following defects of external ear should be declared unfit:

(a) Gross deformity of pinna which may hamper wearing of uniform/ personal kit/ protective equipment, or which adversely impacts military bearing.

(b) Cases of chronic otitis externa.

(c) Any condition (ear wax, atresia/narrowing of external auditory meatus or neoplasm, exaggerated tortuosity of the canal, bony growth of external auditory canal) preventing a proper visualization of the tympanic membrane.

(d) Granulation or polyp in external auditory canal.

144. **Middle Ear.** The following conditions of middle ear will entail rejection:-

(a) **Otitis Media**. Current Otitis Media of any type will entail rejection. If evidence of healed chronic otitis media (in the form of tympanosclerosis/scarred tympanic membrane affecting only pars tensa part of tympanic membrane) and all operated cases of tympanoplasty/Myringotomy will be assessed by ENT specialist. They will be acceptable if Pure Tone Audiometry (PTA) and Tympanometry are normal. On appeal, a trial of decompression chamber may be carried out, if indicated, for aircrew, ATC/FC, submariners/divers.

(b) Any type of TM perforation or healed perforation/retraction in pars flaccida of the tympanic membrane is unfit.

(c) Marked retraction or restriction in TM mobility on pneumatic otoscopy.

(d) Tympanometry showing patterns other than Type ‘A’ tympanogram.

(e) Any implanted hearing devices eg, cochlear implants, bone-anchored hearing aids etc.

(f) After middle ear surgeries viz, stapedectomy, ossiculoplasty, any type of mastoidectomy.

145. **Miscellaneous Ear Conditions.** The following ear conditions will entail rejection:-

(a) Otosclerosis.

(b) Meniere's disease.

(c) Vestibular dysfunction including nystagmus of vestibular origin.

(d) Bell's palsy following ear infection.

Ophthalmic System

146. **Clinical Examination findings**.

(a) Candidates, who are wearing spectacles or found to have defective vision, should be properly assessed. All cases of squint are unfit.

(b) **Ptosis**.

(i) Candidates, who meet the following criteria are **Fit**.
- (aa) Mild ptosis.
- (ab) Clear visual axis.
- (ac) Normal visual field.
- (ad) No sign of aberrant degeneration/head tilt /Horner's Syndrome.

(ii) Rest all cases - **Unfit**

(iii) On appeal - Candidates who have undergone surgical correction may be considered fit provided one year has elapsed post-surgery with no recurrence, the above-mentioned criteria are met and upper eyelid is not more than 02 mm below the superior limbus.

(c) **Exotropia**. Unfit.

(d) **Anisocoria**. If size difference between the pupils is >01 mm, candidate will be considered unfit.

(e) **Heterochromia irides**. Unfit

(f) **Sphincter tears**. Can be considered fit, if size difference between pupils is <01 mm, pupillary reflexes are brisk with no observed pathology in cornea, lens or retina.

(g) **Pseudophakia**. Unfit

(h) **Blepharitis**. Candidates with blepharitis, particularly with loss of eyelashes, must be rejected.

(j) **Ectropion/Entropion**. These cases are to be made unfit. On appeal, mild ectropion and entropion which in the opinion of ophthalmologist will not hamper day to day functioning in any way, may be made fit.

(k) **Pterygium**. All cases of pterygium are to be made unfit. On appeal, regressive non-vascularised pterygium occupying ≤ 1.5 mm of the peripheral cornea may be made fit by Eye Specialist after measurement on a slit lamp.

(l) **Nystagmus**. All cases of nystagmus are to be made unfit except for physiological nystagmus.

(m) Naso-lacrymal duct occlusion producing epiphora or a mucocele entails rejection.

(n) Active Uveitis (iritis, cyclitis and choroiditis) will be grounds for rejection. Candidates giving a history of this condition should be made unfit.

(o) **Cornea**.

(i) Unfit

(aa) Corneal scars/opacities

(ab) Any candidate with progressive corneal disorders viz, Corneal dystrophies, Keratoconus, Keratoglobus, any corneal degenerations.

(ac) Any active corneal disorder.

(ii) On appeal corneal scars are acceptable if it does not interfere with vision.

(p) **Lenticular opacities**. – Unfit

On appeal

(i) **Unfit**- Any lenticular opacity that is causing visual deterioration or is in the visual axis or central area of 04 mm around the pupils is unfit. The propensity of the opacities not to increase in size or number should also be a considered.

(ii) **Fit -** Small stationary lenticular opacities in the periphery like congenital blue dot cataract, not affecting the visual axis/visual field (should be less than 10 in number and central area of 04 mm should be clear).

(q) **Optic Nerve Drusen**. Unfit.

(r) **High Cup - Disc ratio**. Unfit, if any of the following conditions exist:-

(i) Inter-Eye asymmetry in cup disc ratio > 0.2.

(ii) Retinal Nerve fibre Layer (RNFL) defect seen by RNFL analysis on Optical Coherence Tomography (OCT).

(iii) Visual Field defect detected by Visual Field Analyser.

(s) Migraine with visual symptoms are not a strictly ocular problem and should be assessed in accordance with para 124.

(t) As tests for night blindness are not routinely performed, a certificate to the effect that the individual does not suffer from night blindness will be obtained in every case. Certificate should be as per **Appendix C** to this chapter. A proven case of night-blindness is unfit.

(u) Restriction of movements of the eyeball in any direction and undue depression/prominence of the eyeball are unfit.

(v) **Retinal lesions**. A small healed chorio-retinal scar in the retinal periphery not affecting the vision and not associated with any other complications will be considered fit. Similarly, a small lattice in periphery with no other complications will be made fit. **Any lesion in the central fundus will be made unfit.**

(w) **Lattice degeneration**.

(i) The following lattice degeneration will render a candidate unfit:-

(aa) Single circumferential lattice extending more than two clock hours in either or both eyes.

(ab) Two circumferential lattices, each more than one clock hour in extent in either or both eyes.

(ac) Radial lattices.

(ad) Any lattice with atrophic hole/flap tears (Unlasered).

(ae) Lattice degeneration posterior to equator.

(ii) Candidates with lattice degeneration will be considered fit under the following conditions:-

(aa) Single circumferential lattice without holes of less than two clock hours in either or both eyes.

(ab) Two circumferential lattices without holes each being less than one clock hour in extent in either or both eyes.

(ac) Post-laser delimitation, single circumferential lattice, without holes/flap tear, less than two clock hours extent in either or both eyes.

(ad) Post-laser delimitation, two circumferential lattices, without holes/flap tear, each being less than one clock hour extent in either or both eyes.

(x) **Keratoconus**. Keratoconus is unfit.

147. Visual Acuity/Colour Vision. The visual acuity and colour vision requirements are detailed in **Appendix 'D'** to this notification. Those who do not meet these requirements are to be rejected.

148. Myopia.

(a) Unfit, if outside the prescribed visual limits.

(b) Unfit even if the corrected visual acuity is within the acceptable limits when:-

(i) There is a strong family history of high myopia, and that the visual defect is recent onset.

(ii) If physical growth is still expected.

(iii) If the fundus appearance is suggestive of progressive myopia.

149. Refractive Surgeries. The disposal of candidates who have undergone Keratorefractive Surgeries (PRK, LASIK, Femto LASIK, SMILE or equivalent procedures) for commissioning in the Air Force in all branches is as follows :-

(a) **Fit**

(i) Candidates for IAF meeting the visual requirements for the branch as laid down in Appendix D to para **146.** Residual refraction after such procedure should not be more than +/- 1.0 D Sph or Cyl for branches where correctable refractive errors are permitted.

(ii) Keratorefractive Surgery must not have been carried out before the age of 20 years.

(iii) At least 12 months must have elapsed post uncomplicated stable Keratorefractive Surgery with no history or evidence of any complication.

(iv) The axial length of the eye must not be more than 26 mm as measured by IOL master.

(v) The post Keratorefractive Surgery corneal thickness as measured by a corneal Pachymeter must not be less than 450 microns.

(b) **Unfit**

(i) Radial Keratotomy (RK) surgery for correction of refractive errors

(ii) Individuals with high refractive errors (> 6 D) prior to Keratorefractive Surgery.

150. **Cataract Surgeries**. Candidates having undergone cataract surgery with or without IOL implants will be declared unfit.

151. **Other Eye Surgeries**. Candidates having undergone any invasive surgeries viz, Implantable Collamer Lens (ICL), Trabeculectomy, Glaucoma surgeries with or without implants, Corneal Collagen Crosslinking with Riboflavin (C3R), INTACS, any intra ocular injections, retinal surgeries etc, will be declared unfit.

OCULAR MUSCLE BALANCE

152. Individuals with manifest squint are not acceptable for commissioning.

153. The assessment of latent squint or heterophoria in the case of aircrew will be mainly based on the assessment of the fusion capacity. A strong fusion sense ensures the maintenance of binocular vision in the face of stress and fatigue. Hence, it is the main criterion for acceptability.

(a) Convergence (as assessed on RAF rule)

(i) **Objective Convergence**.

(aa) Up to 10 cm- Fit.

(ab) More than 10 cm - Unfit.

(ii) **Subjective Convergence (SC).** This indicates the end point of binocular vision under the stress of convergence. If the subjective convergence is more than 10 cm beyond the limit of objective convergence, the fusion capacity is poor. This is specially so when the objective convergence is 10 cm and above.

(b) **Accommodation.** In the case of myopes, accommodation should be assessed with corrective glasses in position. The acceptable values for accommodation in various age groups are given in Table 1.

Table 1 -Accommodation Values – Age wise

Age in Yrs	**17-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**
Accommodation (in cm)	10-11	11-12	12.5-13.5	14-16	16-18.5	18.5-27

154. Ocular muscle balance is dynamic and varies with concentration, anxiety, fatigue, hypoxia, drugs and alcohol. The above tests should be considered together for the final assessment. Standards for assessment of Ocular Muscle Balance are detailed in Appendix E to this chapter.

155. Any clinical findings in the media (cornea, lens, vitreous) or fundus, which is of pathological nature and likely to progress will be a cause for rejection. This examination will be done by slit lamp and ophthalmoscopy under mydriasis.

Appendix 'C'
[Refers to para 2 (m)
Ophthalmology standards]

CERTIFICATE REGARDING NIGHT BLINDNESS

Name with initials_____
Batch No. _____ Chest No _____

I hereby certify that to the best of my knowledge, there has not been any case of night blindness in our family, and I do not suffer from it.

Date: (Signature of the candidate)

Countersigned by

(Name of Medical Officer)

Appendix 'D'

(para 3 above of Ophthalmology standards)

VISUAL STANDARDS FOR MALE/FEMALE CANDIDATES AT INITIAL ENTRY

Sl No.	Med Cat	Branch	Maximum Limits of Refractive Error	Visual Acuity (VA) with limits of maximum correction	Colour Vision
1	A1G1	F (P) including WSOs , Flying Branch Candidates at NDA and AFA	Hypermetropia: + 1.5D Sph Manifest Myopia: Nil Astigmatism: +0.75D Cyl (within +1.5 D Max) Retinoscopic myopia: Nil	6/6 in one eye and 6/9 in other, correctable to 6/6 only for Hypermetropia	CP-I
2.	A4G1	10+2/NDA Entry to Ground duty branches of IAF (AE(L), Adm, Lgs)	Hypermetropia: + 2.5D Sph Myopia: -2.5D Sph Astigmatism: +/- 2.0D Cyl	Uncorrected VA 6/36 & 6/36 Best Corrected VA 6/6 & 6/6	CP-II

Note 1: Ocular muscle balance for personnel covered in Sl. Nos. 1 and 2 should conform to Appendix E to this Chapter.

Note 2: Visual standards of Air Wing Candidates at NDA and Flt Cdts of F (P) at AFA should conform to A1G1 F (P) standard (S1. No. 1 of Appendix D)

Note 3: The Sph correction factors mentioned above will be inclusive of the specified astigmatic correction factor. A minimum correction factor upto the specified visual acuity standard can be accepted.

Appendix E

(Refer para 154)

STANDARD OF OCULAR MUSCLE BALANCE FOR FLYING DUTIES

Ser. No.	Test	Fit
1	Maddox Rod Test at 06 m	Exo - 06 Prism D Eso - 06 Prism D Hyper - 01 prism D Hypo - 01 prism D
2	Maddox Rod Test at 33 cm	Exo -16 Prism D Eso - 06 Prism D Hyper - 01 Prism D Hypo - 01 Prism D
3	TNO Test or Titmus Fly Test	All of BSV grades
4	Convergence	Up to 10 cm
5	Cover Test for Distance and Near	Latent divergence/convergence recovery rapid and complete

Haemopoietic System

156. All cases of anemia (<13 g/dL in males and <11.5 g/dL in females) will be declared unfit during SMB.

157. All candidates with evidence of hereditary haemolytic anaemias (due to red cell membrane defect or due to red cell enzyme deficiencies) and haemoglobinopathies (Sickle cell disease, Beta-Thalassaemia: Major, Intermedia, Minor, Trait and Alpha Thalassaemia etc) are to be considered unfit for service.

158. Candidates with history of haemophilia or von Willebrand's disease are to be declared unfit. Candidates with clinical evidence of purpura or evidence of thrombocytopenia are to be considered unfit. Cases of Purpura Simplex (simple easy bruising), a benign disorder seen in otherwise healthy women, may be accepted.

159. **Monocytosis**. Absolute monocyte counts greater than 1000/cumm or more than or equal to 10% of total WBC is to be deemed unfit.

160. **Eosinophilia**. Absolute eosinophil counts greater than or equal to 500/cumm is deemed unfit.

161. Haemoglobin more than 16.5 g/dL in males and more than 16 g/dL in females will be considered as Polycythemia and deemed Unfit.

Dental Fitness Standards

162. **Dental Standards**.

(a) Candidate must have a total minimum of 14 dental points and the following teeth must be present in the upper jaw in good functional opposition with the corresponding teeth in the lower jaw.

(i) Any four of the six anterior.

(ii) Any six of the ten posterior.

(b) The above dental standards are to be followed and candidates who do not conform to the laid down standards will be rejected.

163. **Extra Oral Examination**.

(a) **Gross Facial Examination**. Presence of any gross asymmetry or soft/hard tissue defects/scars or if any incipient pathological condition of the jaw is suspected, it will be a cause of rejection.

(b) **Functional Examination**.

(i) **Temporo-Mandibular Joint (TMJ)**. TMJs will be bilaterally palpated for tenderness and/or clicking. Candidates with symptomatic clicking and/or tenderness or dislocation of the TMJ on wide opening will be rejected.

(ii) **Mouth Opening**. A mouth opening of less than 30 mm measured at the incisal edges will be reason for rejection.

164. Guidelines for Awarding Dental Points in Special Situations.

(a) **Dental caries**. Teeth with caries that have not been restored or teeth associated with broken down crowns, pulp exposure, residual root stumps, teeth with abscesses and/or sinuses will not be counted for award of dental points.

(b) **Restorations**. Teeth having restorations that appear to be improper/broken/discolored will not be awarded dental points. Teeth restored by use of inappropriate materials, temporary or fractured restorations with doubtful marginal integrity or peri-apical pathology will not be awarded dental points.

(c) **Loose Teeth**. Loose/mobile teeth with clinically demonstrable mobility will not be awarded dental points. Periodontally splinted teeth will not be counted for award of dental points.

(d) **Retained Deciduous Teeth**. Retained deciduous teeth will not be awarded dental points.

(e) **Morphological Defects**. Teeth with structural defects which compromise efficient mastication will not be awarded dental points.

(f) **Periodontium**.

(i) The condition of the gums, of the teeth included for counting dental points, should be healthy iepink in colour, firm in consistency and firmly resting against the necks of the teeth. Visible calculus should not be present.

(ii) Individual teeth with localized periodontitis (swollen, red or infected gums or those with visible calculus) will not be awarded dental points.

(iii) Candidates with severe periodontal disease (generalized calculus, extensive swollen and red gums, with or without exudates), shall be rejected. If periodontal disease is not severe and the teeth are otherwise sound, the candidate may be accepted if in the opinion of the Dental Officer, he/she can be cured by simple periodontal therapy excluding extraction.

(g) **Malocclusion**. Candidates with malocclusion affecting masticatory efficiency and phonetics shall not be selected. Teeth in open bite will not be awarded dental points as they are not considered to be in functional apposition. Candidates having an open bite, reverse overjet or any visible malocclusion will be rejected. However, if in the opinion of the Dental Officer, the malocclusion of teeth is not hampering efficient mastication, phonetics, maintenance of oral hygiene or general nutrition or performance of duties efficiently, then candidates will be declared fit. The following criteria have to be considered in assessing malocclusion:-

(i) **Edge to Edge Bite**. Edge to edge bite will be considered as functional apposition.

(ii) **Anterior Open Bite**. Anterior open bite is to be taken as lack of functional opposition of involved teeth.

(iii) **Cross Bite**. Teeth in cross bite may still be in functional occlusion and may be awarded points, if so.

(iv) **Traumatic Bite**. Anterior teeth involved in a deep impinging bite which is causing traumatic indentations on the palate will not be counted for award of points.

(h) **Hard and Soft tissues**. Soft tissues of cheek, lips, palate, tongue and sublingual region and maxilla/mandibular bony apparatus must be examined for any swelling, discoloration, ulcers, scars, white patches, sub mucous fibrosis etc. All potentially malignant lesions will be cause for rejection. Clinical diagnosis for sub-mucous fibrosis with or without restriction of mouth opening will be a cause of rejection. Bony lesion (s) will be assessed for their pathological/physiological nature and commented upon accordingly. Any hard or soft tissue lesion will be a cause of rejection.

(j) **Orthodontic Appliances**. Fixed orthodontics lingual retainers will not be considered as periodontal splints and teeth included in these retainers will be awarded points for dental fitness. Candidates wearing fixed or removable orthodontic appliances will be declared unfit.

(k) **Dental Implants**. Implants and Implant Supported Prosthesis will not be awarded any dental points. In the case of ex-serviceman applying for re-enrolment, dental points will be awarded for removal dental prosthesis.

(l) **Fixed Partial Dentures (FPD)/Implant supported FPDs**. FPDs will be assessed clinically and radiologically for firmness, functional apposition to opposing teeth and periodontal health of the abutments. If all parameters are found satisfactory, dental points will be awarded for the natural tooth (abutments).

Note: - Any prosthesis, removable/fixed or implant borne, the natural tooth/teeth in that component will be awarded dental points.

165. The Following will be Criteria for Declaring a Candidate Unfit:-

(a) **Oral Hygiene**. Poor oral health status in the form of gross visible calculus, periodontal pockets and/or bleeding from gums will render candidate unfit.

(b) **Candidates Reporting Post Maxillo-Facial Surgery/Maxillofacial Trauma**. Candidates who undergo cosmetic or post-traumatic maxillofacial surgery/trauma will be UNFIT for at least 24 weeks from the date of surgery/injury whichever is later. After this period, if there is no residual deformity or functional deficit, they will be assessed as per the laid down criteria.

(c) Candidate with dental arches affected by advanced stage of generalized active lesions of pyorrhoea, acute ulcerative gingivitis, and gross abnormality of the teeth or jaws or with numerous caries or septic teeth will be rejected.

Assessment of Women Candidates

166. History. Detailed menstrual and obstetric history, in addition to general medical history, must be taken and recorded. If a history of menstrual, obstetric or pelvic abnormality is given, an opinion of gynaecologist is to be obtained.

167. General Medical and Surgical Standards

(a) Any lump in the breast will be a cause for rejection. Cases of fibroadenoma breast after successful surgical removal may be considered fit with the opinion of a surgical specialist and a normal histopathological report.

(b) Galactorrhoea will be cause for unfitness. Fitness after investigation/ treatment may be considered based on merits of the case and opinion of the concerned specialist during AMB.

(c) Amazia, Polymazia and Polythelia (Accessory nipple) will be considered unfit during SMB. Operated cases of Polymazia/Polythelia will be considered fit after 12 weeks of post-operative period after excision, if there is a well healed surgical wound and no post-operative complications.

168. Gynaecological Examination. Any abnormality of external genitalia will be considered on merits of each case.

(a) Following conditions are acceptable:-

(i) Congenital elongation of cervix which comes up to introitus.

(ii) Arcuate type of congenital uterine anomaly.

(b) Following conditions will entail rejection:-

(i) Amenorrhoea will be grounds for rejection. Such candidates will be investigated, and fitness will be considered on merits after examination and investigations during AMB.

(ii) Severe menorrhagia or/and severe dysmenorrhoea.

(iii) Stress urinary incontinence.

(iv) Congenital elongation of cervix or complete prolapse which comes outside the introitus even after corrective surgery. (Complete prolapse of uterus will be a cause for rejection. Minor degree, after surgical correction, may be considered for fitness on merits.)

(v) Acute or chronic pelvic infection, Endometriosis and Adenomyosis.

(vi) Disorders of sexual differentiation.

(vii) Significant hirsutism especially with male pattern of hair growth.

(c) Any other gynaecological condition not covered above will be considered on merits of each case by Gynecologist.

Pregnancy

169. Current pregnancy would be a cause for rejection. The minimum period after which the candidate will be reviewed for appeal post pregnancy would be as follows:-

(a) **Vaginal delivery**. 24 weeks after an uncomplicated vaginal delivery.

(b) **MTP/Abortion**. Minimum four weeks and up to 12 weeks.

(c) **Caesarean section**. 52 weeks after uncomplicated caesarean section delivery.

170. The individual would then be examined by the Gynaecologist and assessed regarding her fitness. In cases wherein more than six months have elapsed, after the initial medical examination, the candidate would be subjected to repeat complete medical examination as per the existing regulations.

171. **Ultrasonography of Lower Abdomen and Pelvis for Women Candidates**. This would be done as per existing orders: -

(a) **Fit**.

(i) Single small fibroid uterus (03 cm or less in diameter) without symptoms.

(ii) Unilocular clear ovarian cyst less than 06 cm in diameter.

(iii) Congenital elongation of cervix (which comes up to introitus).

(iv) Arcuate uterus type of congenital uterine anomaly.

(v) Minimal fluid in Pouch of Douglas.

(b) **Unfit**.

(i) Candidates with fluid in Pouch of Douglas with internal echoes.

(ii) **Uterus**. Absence of uterus or any congenital structural abnormality, except Arcuate uterus.

(iii) **Fibroids.**

(aa) Multiple fibroids more than two in number, with larger one > 15 mm in size.

(ab) Single fibroid larger than 03 cm in size.

(ac) Any fibroid causing distortion of endometrial cavity.

(iv) Adenomyosis.

(v) **Adnexa**.

(aa) Simple ovarian cyst 06 cm or more in size.

(ab) Complex ovarian cyst of any size.

(ac) Endometriosis.

a(ad) Hydrosalpinx.

(c) During Appeal Medical Board/Review Medical Board, unfit candidates will be subjected to specific investigations and detailed clinical examination. Fitness for specific conditions will be decided as given below:-

(i) Fluid in POD with internal echoes will be assessed with TLC, DLC and C-Reactive Protein. Senior Adviser (Obs and Gynae) to opine on fitness.

(ii) Endometrial thickness > 15 mm or residual echogenic shadows in endometrial cavity. Senior Adviser (Obs and Gynae) to opine on fitness.

172. Medical Fitness after Laparoscopic Surgery or Laparotomy. Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit, if the candidate is asymptomatic, ultrasound pelvis is normal, histopathology report of removed tissue shows benign pathology and per operative findings are not suggestive of endometriosis. Fitness to be considered after laparoscopic surgery once the wound has healed fully. Candidate will be considered FIT after caesarean section and laparotomy after one year of the surgical procedure.