

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

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

M E D I C A L C E R T I F I C A T E

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

He/ She has * the following physical disabilities

* no physical disabilities

Signature of the
Applicant

Signature of Doctor _____

Designation : _____

Registration No. _____

Date : _____

M E D I C A L C E R T I F I C A T E F O R C O L O U R V I S I O N

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

The colour vision has been tested with :-

(1) Pseudo - Isochromatic plates

(2) Approved Lantern test

(3) Any other test applicable
(Strike off which is not applicable).

Signature of the
Applicant

Signature of Doctor _____

Designation : _____

Registration No. _____

Date : _____