



# AZAD INSTITUTE OF AERONAUTICS & ENGINEERING, LUCKNOW

(Approved by Director General of Civil Aviation, Govt. of India & ISO 9001:2000 Certified Institute)

## MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr. /Ms. \_\_\_\_\_ S/D/O \_\_\_\_\_

- 1) Has been medically examined by me and found physically fit/unfit.
- 2) He/ She has the following physical disabilities.

Signature of Physician: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Seal/ Stamp

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

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

**Note:** To be completed by a registered medical practitioner holding at least MBBS degree and submitted at time of admission. Admission will not be permitted until this form is submitted.



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## MEDICAL CERTIFICATE FOR COLOR VISION/NIGHT BLINDNESS

I Dr. \_\_\_\_\_ hereby certify that I have  
examined Mr. /Ms. \_\_\_\_\_ S/D/O \_\_\_\_\_  
and his/her colour vision is Normal/Defective.

The colour vision has been tested with:

- 1) Pseudo Is chromatic plates
- 2) Approved Lantern Test
- 3) Any other test applicable

(Strike off whichever is not applicable)

Signature of Physician: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Seal/ Stamp

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

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

**Note:** To be completed by a registered medical practitioner holding at least MBBS degree and submitted at time of admission. Admission will not be permitted until this form is submitted.