

MEDICAL FITNESS CERTIFICATE

(Form No. NDCIAME/TM/F-11)



NDC Institute of Aircraft Maintenance Engineering

Opposite Sumandeeep Vidhyapeeth, Waghodia Road, Vadodara, Gujarat- 391760

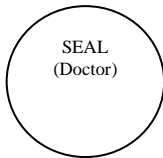
MEDICAL FITNESS CERTIFICATE

(To be given by Registered Medical Practitioner holding at least MBBS degree)

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

He/ She has the following physical disabilities / No physical disabilities.

Report:



Signature of Doctor _____
Registration No. _____
Date _____

MEDICAL CERTIFICATE FOR COLOUR VISION

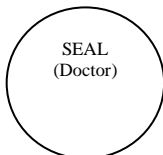
Mr. / Ms _____ whose signature is given below, has been examined by me for his / her colour vision.

The colour vision has been tested with:-

- 1. Pseudo –Isochromatic Plates
 - 2. Approved Lantern test
 - 3. Any other test if applicable
- (Tick the appropriate)**

His / Her colour vision is: (1) Normal (2) Defective Safe (3) Defective Unsafe

Report:



Signature of Doctor _____
Registration No. _____
Date _____