



# NDC INSTITUTE OF AIRCRAFT MAINTENANCE ENGINEERING

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## MEDICAL CERTIFICATE

(To be provided by a Registered Medical Practitioner holding at least **M.B.B.S.**)

Mr. / Ms \_\_\_\_\_ whose signature is appended  
has been medically examined for any known disability or disorder which may become an hindrance  
to perform the normal functions of a Cabin Crew.

He/ She has \_\_\_\_\_  
physical disabilities or disorder / no physical disabilities or disorder.

He/ She has been assessed medically fit / unfit to function of a Cabin Crew.

(Strikeout whichever is not applicable)

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

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

Designation \_\_\_\_\_

Date \_\_\_\_\_

**Signature of the Applicant with date**