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UNION PUBLIC SERVICE COMMISSION

EXAMINATION NOTICE NO. 11 /2024.CDS- II DATED-15.05.2024
(Last Date for Submission of Applications: 04.06.2024)

COMBINED DEFENCE SERVICES EXAMINATION (II), 2024
[INCLUDING SSC WOMEN (NON-TECHNICAL) COURSE]
(Commission's Website http://upsc.gov.in)

IMPORTANT

1. CANDIDATES TO ENSURE THEIR ELIGIBILITY FOR THE EXAMINATION:

The candidates applying for the examination should ensure that they fulfil all the eligibility conditions for admission to the Examination. Their admission at all the stages of the examination will be purely provisional subject to satisfying the prescribed eligibility conditions.
Mere issue of Admission Certificate to the candidate will not imply that his candidature has been finally cleared by the Commission.
Verification of eligibility conditions with reference to original documents will be taken up only after the candidate has qualified for interview/Personality Test.

2. HOW TO APPLY

Candidates are required to apply online by using the website **upsconline.nic.in**. It is essential for the applicant to register himself/herself first at One Time Registration (OTR) platform, available on the Commission's website, and then proceeds for filling up the online application for the examination. OTR has to be registered only once in life time. This can be done anytime throughout the year. If the candidate is already registered, he/she can proceed straightway for filling up the online application for the examination.

2.1 Modification in OTR Profile:

In case, the candidate wants to effect any change in his/her OTR profile, it shall be allowed only once in the lifetime after the registration at OTR platform. The option to change in OTR profile data shall be available till expiry of 7 days from the next day after the closure of application window of his/her first final application for any Examination of the Commission. In case, the candidate after registration of OTR applies for the first time in this examination; last date of modification of OTR would be **11.06.2024.**

2.2 Modification in application form (Other than OTR Profile):

The Commission has also decided to extend the facility of making correction(s) in any field(s) of the application form for this examination from next day of the closure of the application window of this Examination. This window will remain open for 7 days from the date of opening of the same i.e. from **05.06.2024 to 11.06.2024.** In case a candidate wants to carry out any change in his/her OTR profile during this period, then he/she should login to the OTR platform and do

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the needful accordingly. In other words, no change in the OTR profile can be made by visiting the window for Modification in application form.

2.3 The candidate will not be allowed to withdraw their applications after the submission of the same.

2.4 Candidate should have details of one Photo ID Card viz. Aadhaar Card/Voter Card/PAN Card/Passport/Driving Licence/Any other Photo ID Card issued by the State/Central Government. The details of this Photo ID Card will have to be provided by the candidate while filling up the online application form. The candidates will have to upload a scanned copy of the Photo ID whose details have been provided in the online application by him/her. This Photo ID Card will be used for all future reference and the candidate is advised to carry this Photo ID Card while appearing for Examination/Personality Test/SSB.

Brief instructions for filling up the online Application Form have been given in the Appendix-II. Detailed instructions are available on the above mentioned website.

3. LAST DATE FOR SUBMISSION APPLICATIONS:

The Online Applications can be filled upto **04th June, 2024** till **6:00 PM. The eligible candidates shall be issued an e-Admit Card on the last working day of the preceding week of the date of examination. The e-Admit Card will be made available on the UPSC website (http://upsc.gov.in) for downloading by candidates. No e-Admit Card will be sent by post. All the applicants are required to provide valid & active e-mail id while filling up online application form as the Commission may use electronic mode for contacting them.**

4. PENALITY FOR WRONG ANSWERS:

Candidates should note that there will be penalty (**Negative Marking)** for wrong answers marked by a candidate in the Objective Type Question Papers.

5. Online Question Paper Representation Portal (QPRep)

The Commission has introduced a time frame of 7 days (a week) i.e. from the next day of the Examination Date to 6.00 p.m. of the 7th day is fixed for the candidates to make representations to the Commission on the questions asked in the Papers of the Examination. Such representation must be submitted through the **"Online Question Paper Representation Portal (QPRep)"** only by accessing the URL http://upsconline/nic/in/miscellaneous/QPRep/. No representation by email/post/hand or by any other mode shall be accepted and the Commission shall not involve into any correspondence with the candidates in this regard. No representation shall be accepted under any circumstances after this window of 7 days is over.

6. For both writing and marking answers in the OMR sheet (Answer Sheet) candidates must use **black ball pen** only Pens with any other colour are prohibited. Do not use Pencil or Ink pen. Candidates should note that any omission/mistake/discrepancy in encoding/filling of details in the OMR answer sheet especially with regard to Roll Number and Test Booklet Series Code will render the answer sheet liable for rejection**. Candidates are further advised to read carefully the "Special Instructions" contained in Appendix-III of the Notice.**

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7. FACILITATION COUNTER FOR GUIDANCE OF CANDIDATES:
In case of any guidance/information/clarification regarding their application, candidature etc. candidates can contact UPSC's Facilitation Counter near Gate 'C' of its campus in person or over **Telephone No.011-23385271/011-23381125/011-23098543** on working days between 10:00 hrs. to 17:00 hrs.

8. MOBILE PHONES BANNED:

(a)The use of any mobile phone (even in switched off mode), pager or any electronic equipment or programmable device or storage media like pen drive, smart watches etc. or camera or blue tooth devices or any other equipment or related accessories either in working or switched off mode capable of being used as a communication device during the examination is strictly prohibited. Any infringement of these instructions shall entail disciplinary action including ban from future examinations.

(b) Candidates are advised in their own interest not to bring any of the banned item including mobile phones or any valuable/costly items to the venue of the examination, as **no** arrangement for safe-keeping will be made at the venue of the examination. Commission will not be responsible for any loss in this regard.

9. Instruction in respect of uploading of Photograph while filling up online application form:-

(a) The photograph, uploaded by candidate should not be more than **10 days old** from the start of the online application process (i.e. the application commencement date).
(b) Ensure that **the name of candidate** and **the date on which the photograph was taken** are clearly mentioned on the photograph.
(c) The candidate's **face** should occupy **3/4th of the space** in the photograph.
(d) The candidates must ensure that their appearance must match with their photograph at the time of Written Examination. For instance, if a candidate uploads a bearded photograph, he must appear with the same look in the Written Examination. Same would be the case with spectacles, moustaches, etc.

10. The candidates should reach the venue of the Examination well in time at least 30 minutes prior to the commencement of each session of the Examination. No late entry will be allowed inside the Exam-venue under any circumstances.

CANDIDATES ARE REQUIRED TO APPLY ONLINE AT http://upsconline.nic.in **ONLY.**
NO OTHER MODE IS ALLOWED FOR SUBMISSION OF APPLICATION.
GOVERNMENT STRIVES TO HAVE A WORKFORCE WHICH REFLECTS GENDER BALANCE AND WOMEN CANDIDATES ARE ENCOURAGED TO APPLY.

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No.F.8/1/2024 -E.I(B)—Combined Defence Services Examination (II), 2024 will be conducted by the Union Public Service Commission on 01st September, 2024 for admission to the under mentioned courses :—

and:

S. No.	Name of the Course	Approximate No. of Vacancies
1.	Indian Military Academy, Dehradun - 159th (DE) Course commencing in July 2025 [including 13 vacancies reserved for NCC `C' (Army Wing) holders]	100
2.	Indian Naval Academy, Ezhimala - Course commencing in July, 2025 Executive Branch (General Service)/Hydro [including 06 vacancies for NCC 'C' Certificate (Naval Wing) holders	32
3.	Air Force Academy, Hyderabad - (Pre-Flying) Training Course commencing in July, 2025 i.e. No. 218 F(P) Course. [including 03 vacancies are reserved for NCC 'C' Certificate (Air Wing) holders through NCC Special Entry]	32
4.	Officers' Training academy, Chennai (Madras) 122nd SSC (Men) (NT) (UPSC) Course Commencing in October, 2025.	276
5.	Officers Training Academy, Chennai (Madras) 36th SSC Women (NT) (UPSC) Course commencing in October, 2025.	19
	Total	**459**

NOTE (i) : **The Indian Army publishes vacancies for Men and Women separately for various entries keeping into account the operational and administrative needs of the Force as envisaged in the existing and future scenarios. Though the vacancies for Men and Women categories for SSC(NT) Courses are being notified through a common Notification, the selection for both these categories are done in a gender pure manner wherein Men & Women are tested separately. The preparation of final merit lists for both these categories are also done separately and in a gender pure manner.**

NOTE (ii) **:** The date of holding the examination as mentioned above is liable to be changed at the discretion of the Commission.

NOTE (iii) : The number of vacancies given above is tentative and may be changed at any stage by Services H. Q.

N.B. (I) (a) : A candidate is required to specify clearly in respective column of the Online Application the Services for which he/she wishes to be considered in the order of his/her preference. A male candidate is advised to indicate as many preferences as he wishes to, subject to the condition given at paras (b) and (c) below, so that having regard to his rank in the order of merit due consideration can be given to his preferences when making appointment.

Since women candidates are eligible for OTA only, they should give OTA as their first and only preference.

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(b) (i) : If a male candidate is competing for Short Service Commission (Army) only, he should indicate OTA as the one and only choice. However, a male candidate competing for Short Service Commission Course at OTA as well as Permanent Commission course at IMA, Indian Naval Academy and Air Force Academy should indicate OTA as his last preference; otherwise OTA will be deemed to be the last choice even if it is given a higher preference by the candidate.

(b) (ii) : Women candidates are being considered only for Short Service Commission at OTA. They should indicate OTA as the only choice.

(c) Candidates who desire to join Air Force Academy must indicate AFA as first choice, as they have to be administered Computer Pilot Selection System (CPSS) and/or and AF Medicals at Central Establishment/Institute of Aviation Medicines. Choice exercised for AFA as second/third etc. will be treated as invalid.

(d) Candidates should note that, except as provided in N.B. (II) below, they will be considered for appointment to those courses only for which they exercise their preference and for no other course(s).

(e) No request for addition/alteration in the preferences already indicated by a candidate in his/her application will be entertained by the Commission. Nonetheless, the Commission has decided to extend the facility of making correction(s) in any field(s), of the application form for this examination after 7 days of the closure of the application window of this Examination. This window will remain open for 7 days from the date of opening of the same i.e. from **05.06.2024 to 11.06.2024**. In case a candidate wants to carry out any change in his/her OTR profile during this period, then he/she should log into the OTR platform and do the needful accordingly. In other words, no change in the OTR profile can be made by visiting the window for Modification in application form. Thereafter, no change of choice will be allowed. Second choice will come for consideration only when the first choice is not offered to the candidate by Services HQ. When first choice is offered and a candidate declines the same, his/her candidature will be cancelled for all other choices for regular Commission.

N.B. (II) The left-over candidates of IMA/Indian Naval Academy/Air Force Academy courses viz., those who have been recommended by the Union Public Service Commission for grant of Permanent Commission on the basis of the final results of this Examination, but who could not be inducted on these courses for any reason whatsoever may be considered for grant of SSC even if they have not indicated their choice for this course in their applications, if they are subsequently willing to be considered for this course subject to the following conditions :

(i) There is a shortfall after detailing all the candidates who competed for the SSC Course; and

(ii) The candidates who are detailed for training even though they have not expressed their preference for SSC will be placed in the order of Merit List after the last candidate who had opted for this Course, as these candidates will be getting admission to the Course to which they are not entitled according to the preference expressed by them.

(iii) Candidates with Air Force as first and only choice cannot be considered as left-over for grant of SSC (OTA) if they fail in Computer Pilot Selection System (CPSS) and/or Pilot Aptitude Battery Test. Such candidates, if they desire to be considered for SSC (OTA) should exercise their option for OTA also.

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NOTE 1: NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) holders may also compete for the vacancies in the Short Service Commission Course but since there is no reservation of vacancies for them in this course, they will be treated as general candidates for the purpose of filling up vacancies in this course. Candidates who have yet to pass NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) examination, but are otherwise eligible to compete for the reserved vacancies, may also apply but they will be required to submit the proof of passing the NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) examination to reach the IHQ of MoD (Army) / Dte Gen of Rtg (Rtg A) CDSE Entry for SSC male candidates and SSC women entry for female candidates West Block III, R. K. Puram, New Delhi-110066 in case of IMA/SSC first choice candidates and IHQ of MOD (Navy) DMPR, (OI&R Section), Room No. 204, 'C' Wing, Sena Bhawan, New Delhi-110 011 in case of Navy first choice candidates and Dte of Personnel (Offrs), Kasturba Gandhi Marg, New Delhi-110001. Phone No. 23010231 Extn. 7645/7646/7610 in case of Air Force first choice candidates by 13th May, 2025. To be eligible to compete for reserved vacancies the candidates should have served for not less than 3 academic years in the Senior Division Army Wing Air Wing/Naval Wing of National Cadet Corps and should not have been discharged from the NCC for more than 24 months for IMA/Indian Naval Academy/Air Force Academy courses on the last date of receipt of Application in the Commission's Office.

NOTE 2 : In the event of sufficient number of qualified NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) holders not becoming available on the results of the examination to fill all the vacancies reserved for them in the Indian Military Academy Course/Air Force Academy Course/Indian Naval Academy Course, the unfilled reserved vacancies shall be treated as unreserved and filled by general candidates. Admission to the above courses will be made on the results of the written examination to be conducted by the Commission followed by intelligence and personality test by the Services Selection Board of candidates who qualify in the written examination. The details regarding the (a) scheme, standard, syllabus of the examination, (b) Instructions to candidates for filling up the Online Application Form (c) Special instructions to candidates to objective type tests (d) Guidelines with regard to physical standards for admission to the Academy and (e) Brief particulars of services etc. for candidates joining the Indian Military Academy, Indian Naval Academy, Air Force Academy and Officers' Training Academy are given in Appendices I, II, III, IV and V respectively.

2. CENTRES OF EXAMINATION:

The Examination will be held at the following Centres:

AGARTALA	GHAZIABAD	NAVI MUMBAI
AGRA	GORAKHPUR	PANAJI (GOA)
AJMER	GURGAON	PATNA
AHMEDABAD	GWALIOR	PORT BLAIR
AIZAWL	HYDERABAD	PRAYAGRAJ (ALLAHABAD)
ALIGARH	IMPHAL	PUDUCHERRY
ALMORA (UTTARAKHAND)	INDORE	PUNE
ANANTPUR (ANDHRA PRADESH)	ITANAGAR	RAIPUR
CHHATRAPATI SAMBHAJINAGAR [AURANGABAD (MAHARASHTRA)]	JABALPUR	RAJKOT
BENGALURU	JAIPUR	RANCHI
BAREILLY	JAMMU	SAMBALPUR

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BHOPAL	JODHPUR	SHILLONG
BILASPUR (CHHATISGARH)	JORHAT	SHIMLA
CHANDIGARH	KARGIL	SILIGUDI
CHENNAI	KOCHI	SRINAGAR
COIMBATORE	KOHIMA	SRINAGAR (UTTARAKHAND)
CUTTACK	KOLKATA	THANE
DEHRADUN	KOZHIKODE (CALICUT)	THIRUVANANTHAPURAM
DELHI	LEH	TIRUCHIRAPALLI
DHARAMSHALA	LUCKNOW	TIRUPATI
DHARWAD	LUDHIANA	UDAIPUR
DISPUR	MADURAI	VARANASI
FARIDABAD	MANDI	VELLORE
GANGTOK	MUMBAI	VIJAYAVADA
GAYA	MYSORE	VISHAKHAPATNAM
GAUTAM BUDDH NAGAR	NAGPUR	HANUMAKONDA (WARANGAL URBAN)

Applicants should note that there will be a ceiling on the number of candidates allotted to each of the centres except Chennai, Dispur, Kolkata and Nagpur. Allotment of Centres will be on the first-apply-first-allot basis and once the capacity of a particular centre is attained, the same will be frozen. Applicants, who cannot get a centre of their choice due to ceiling, will be required to choose a Centre from the remaining ones. Applicants are, thus, advised that they may apply early so that they could get a Centre of their choice.

NB : Notwithstanding the aforesaid provision, Commission reserve the right to change the Centres at their discretion if the situation demands.

Candidates admitted to the examination will be informed of the time table and place or places of examination. Candidates should note that no request for change of centre will be granted.

NOTE : While filling in his/her online Application form, the candidates should carefully decide about his/her choice for the centre for the examination.

If any candidate appears at a Centre/Paper other than the one indicated by the Commission in his/her Admission Certificate, the papers of such a candidate will not be valued and his/her candidature will be liable to cancellation.

3. CONDITIONS OF ELIGIBILITY:

(a) Nationality: A candidate must be unmarried and must either be:

(i) a Citizen of India, or

(ii) a subject of Nepal, or

(iii) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka and East African Countries of Kenya, Uganda, the United Republic of Tanzania, Zambia, Malawi, Zaire and Ethiopia or Vietnam with the intention of permanently settling in India.

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Provided that a candidate belonging to categories (ii) and (iii)-above shall be a person in whose favour a certificate of eligibility has been issued by the Government of India.

Certificate of eligibility will, however, not be necessary in the case of candidates who are Gorkha subjects of Nepal.

A candidate in whose case a certificate of eligibility is necessary, may be admitted to the examination provisionally subject to the necessary certificate being given to him/her by the Govt. before declaration of result by UPSC.

(b) Age Limits, Sex and Marital Status :

(i) For IMA—Unmarried male candidates born not earlier than 02nd July, 2001 and not later than 1st July, 2006 only are eligible.

(ii) For Indian Naval Academy—Unmarried male candidates born not earlier than 02nd July, 2001 and not later than 1st July, 2006 only are eligible.

(iii) For Air Force Academy—

Age: 20 to 24 years as on 1st July, 2025 i.e. born not earlier than 2nd July, 2001 and not later than 1st July, 2005 (Upper age limit for candidates holding valid and current Commercial Pilot Licence issued by DGCA (India) is relaxable upto 26 yrs. i.e. born not earlier than 2nd July, 1999 and not later than 1st July, 2005 only are eligible.

Note: Candidate below 25 years of age must be unmarried. Marriage is not permitted during training. Married candidates above 25 years of age are eligible to apply but during training period they will neither be provided married accommodation nor can they live with family out of the premises.

(iv) For Officers' Training Academy—(SSC Course for men) unmarried male candidates born not earlier than 2nd July, 2000 and not later than 1st July, 2006 only are eligible.

(v) For Officers' Training Academy—(SSC Women Non-Technical Course) Unmarried women, issueless widows who have not remarried and issueless divorcees (in possession of divorce documents) who have not remarried are eligible. They should have been born not earlier than 2nd July, 2000 and not later than 1st July, 2006.

NOTE : Male divorcee/widower candidates cannot be treated as unmarried male for the purpose of their admission in IMA/INA/AFA/OTA, Chennai courses and accordingly they are not eligible for these courses.

The date of birth accepted by the Commission is that entered in the Matriculation/Secondary School Examination Certificate or in a certificate recognised by an Indian University as equivalent to Matriculation or in an extract from a Register of Matriculates maintained by a University, which extract must be certified by the proper authority of the University or in the Matriculation/Secondary School Examination or an equivalent examination certificate. These certificates are required to be submitted only after the declaration of the result of the written part of the examination. No other document relating to age like horoscopes, affidavits, birth extracts from Municipal Corporation, service records and the like will be accepted.

The expression Matriculation/Secondary School Examination Certificate in this part of the instruction includes the alternative certificates mentioned above.

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Sometimes the Matriculation/Secondary School Examination Certificate does not show the date of birth, or only shows the age by completed years or completed years and months. In such cases a candidate must send in addition to the self attested/certified copy of Matriculation/Secondary School Examination Certificate a self attested/certified copy of a certificate from the Headmaster/Principal of the Institution from where he/she passed the Matriculation/Secondary School Examination showing the date of his/her birth or exact age as recorded in the Admission Register of the Institution.

NOTE 1 : Candidates should note that only the Date of Birth as recorded in the Matriculation/Secondary School Examination Certificate or an equivalent certificate on the date of submission of applications will be accepted by the Commission and no subsequent request for its change will be considered or granted.

NOTE 2 : Candidates should also note that once a Date of Birth has been claimed by them and entered in the records of the Commission for the purpose of admission to an Examination, no change will be allowed subsequently or at a subsequent examination on any ground whatsoever.

Provided that in case of an inadvertent/ unintentional/typographical error committed by a candidate in indicating the date of birth in the Online Application Form, the candidate may make a request to the Commission for subsequent rectification along with supporting documents, as specified in the Rule 2 (b) of the Examination Rules and the request may be considered by the Commission, if the same is made latest by the date of the Combined Defence Services Examination (II), 2024 which is 01.09.2024.

All communication in this regard should contain the following particulars:-

1. NAME AND YEAR OF THE EXAMINATION.
2. REGISTRATION I.D. (RID.).
3. ROLL NUMNBER (IF RECEIVED)
4. NAME OF CANDIDATE (IN FULL AND IN BLOCK LETTERS).
5. COMPLETE POSTAL ADDRESS AS GIVEN IN THE APPLICATION.
6. VALID AND ACTIVCE EMAIL ID.

NOTE 3 : The candidates should exercise due care while entering their date of birth. If on verification at any subsequent stage any variation is found in their date of birth from the one entered in their Matriculation or equivalent examination certificate, disciplinary action will be taken against them by the Commission under the Rules.

(c) Educational Qualifications:

(i) For I.M.A. and Officers' Training Academy, Chennai — Degree of a recognised University or equivalent.

(ii) For Indian Naval Academy— Degree in Engineering from a recognised University/Institution

(iii) For Air Force Academy—Degree of a recognised University (with Physics and Mathematics at 10+2 level) or Bachelor of Engineering.

Graduates with first choice as Army/Navy/Air Force are to submit proof of Graduation/provisional certificates on the date of commencement of the SSB Interview at the SSB.

Candidates who are studying in the final year/semester Degree course and have yet to pass the final year degree examination can also apply provided candidate should not have any present backlog upto the last semester / year for which results have been declared upto the time of submission of application and they will be required to submit

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proof of passing the degree examination at the time of commencement of course to reach the IHQ of MoD (Army), Rtg 'A', CDSE Entry, West Block III, R. K. Puram, New Delhi-110066 in case of IMA/SSC first choice candidates and Naval HQ "DMPR" (OI & R Section), Room No. 204, 'C' Wing, Sena Bhawan, New Delhi-110011 in case of Navy first choice candidates Dte of Personnel (Offrs), Kasturba Gandhi Marg, New Delhi-110001. Phone No. 23010231 Extn. 7645/7646/7610 in case of Air Force first choice candidates by the following dates failing which their candidature will stand cancelled :

(i) For admission to IMA on or before 1st July, 2025, Indian Naval Academy on or before 1st July, 2025 and Air Force Academy on or before 13th May, 2025.

(ii) For admission to Officers' Training Academy, Chennai on or before 1st October, 2025.

Candidates possessing professional and technical qualifications which are recognised by government as equivalent to professional and technical degrees would also be eligible for admission to the examination.

In exceptional cases the Commission may treat a candidate, who does not possess any of the qualifications prescribed in this rule as educationally qualified provided that he/she possesses qualifications, the standard of which in the opinion of the Commission, justifies his/her admission to the examination.

NOTE I : Candidates, who have yet to pass their degree examination will be eligible only if they are studying in the final year of degree examination. Those candidates who have yet to qualify in the final year Degree Examination and are allowed to appear in the UPSC Examination should note that this is only a special concession given to them. They are required to submit proof of passing the Degree Examination by the prescribed date and no request for extending this date will be entertained on the grounds of late conduct of basic qualifying University Examination, delay in declaration of results or any other ground whatsoever. Candidates who are studying in the final year/semester degree course are required to submit at the time of SSB interview a bonafide certificate issued by University/College stating that they will be able to submit their proof of passing the graduation degree examination by the specified date, failing which their candidature will be cancelled.

NOTE II : Candidates who are debarred by the Ministry of Defence from holding any type of commission in the Defence Services shall not be eligible for admission to the examination and if admitted, their candidature will be cancelled.

NOTE III : In the event of Air Force candidates being suspended from Flying training for failure to learn flying, they would be absorbed in the Navigation/Ground Duty (Non Tech) Branches of the IAF. This will be subject to availability of vacancies and fulfilling the laid down qualitative requirements.

(d) Physical Standards:

Candidates must be physically fit according to physical standards for admission to Combined Defence Services Examination (II), 2024 as per guidelines given in Appendix-IV.

4. FEE :

Candidates (excepting Female/SC/ST candidates who are exempted from payment of fee) are required to pay a fee of Rs. 200/- (Rupees Two Hundred Only) either by remitting the money in any Branch of SBI by cash, or by using Visa/Master/Rupay Credit/Debit Card/UPI Payment or by using internet banking facility of any Bank.

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NOTE 1: Applicants who opt for "Pay by Cash" mode should print the system generated Pay in-slip during Part-II registration and deposit the fee at the counter of SBI Branch on the next working day only. "Pay by Cash" mode option will be deactivated at 11:59 PM of 03.06.2024 i.e. one day before the closing date. However, applicants who have generated their Pay-in slip before it is de-activated may pay at the counter of SBI Branch during banking hours on the closing date. Such applicants who are unable to pay by cash on the closing date i.e. during banking hours at SBI Branch, for reason whatsoever, even if holding a valid Pay-in-Slip will have no other offline option but to opt for online Debit/Credit Card/UPI Payment or internet Banking Payment mode on the closing date i.e. till 6:00 PM of **04.06.2024**.

NOTE 2 : Candidates should note that payment of examination fee can be made only through the modes prescribed above. Payment of fee through any other mode is neither valid nor acceptable. Applications submitted without the prescribed fee/mode (unless remission of fee is claimed) shall be summarily rejected.

NOTE 3 : Fee once paid shall not be refunded under any circumstances nor can the fee be held in reserve for any other examination or selection.

NOTE 4 : For the applicants in whose case payments details have not been received from the bank, they will be treated as fictitious payment cases and their applications will be rejected in the first instance. A list of all such applicants shall be made available on the Commission website within two weeks after the last day of submission of online application. The applicants shall be required to submit the proof of their fee payment within 10 days from the date of such communication either by hand or by speed post to the Commission. On receipt of documentary proof, genuine fee payment cases will be considered and their applications will be revived, if they are otherwise eligible.

ALL FEMALE CANDIDATES AND CANDIDATES BELONGING TO SCHEDULED CASTES/SCHEDULED TRIBES ARE NOT REQUIRED TO PAY ANY FEE. NO FEE EXEMPTION IS, HOWEVER, AVAILABLE TO OBC CANDIDATES AND THEY ARE REQUIRED TO PAY THE FULL PRESCREIBED FEE.

5. HOW TO APPLY:

(a) Candidates are required to apply online by using the website upsconline.nic.in. It is essential for the applicant to register himself/herself first at One Time Registration (OTR) platform, available on the Commission's website, and then proceed for filling up the online application for the examination. OTR has to be registered only once in life time. This can be done anytime throughout the year. If the candidate is already registered, he/she can proceed straightway for filling up the online application for the examination.

(i) Modification in OTR Profile

In case, the candidate wants to effect any change in his/her OTR profile, it shall be allowed only once in the lifetime after the registration at OTR platform. The option to change in OTR profile data shall be available till expiry of 7 days from the next day after the closure of application window of his/her first final application for any Examination of the Commission. In case the candidate after registration of OTR applies for the first time in this examination, the last date of modification of OTR would be 11.06.2024.

(ii) Modification in application form (Other than OTR Profile):

The Commission has also decided to extend the facility of making corrections)s) in any field(s) of the application form for this examination from next day of the closure of the application window of this Examination. This window

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will remain open for 7 days from the date of opening of the same, i.e. from **05.06.2024 to 11.06.2024.** In case a candidate wants to carry out any change in his/her OTR profile during this period, then he/she should login to the OTR platform and do the needful accordingly. In other words, no change in the OTR profile can be made by visiting the window for Modification in application form.

(iii) The candidates will not be allowed to withdraw their applications after the submission of the same

Detailed instructions for filling up Online Applications are available on the above-mentioned website.

No queries, representations etc. shall be entertained by the Commission in respect of correcting details that are required to be filled up by the candidates by exercising due diligence and caution as the timely completion of examination process is of paramount importance.

All candidates whether already in Government Service including candidates serving in the Armed Forces, Government owned industrial undertakings or other similar organizations or in private employment should submit their applications online direct to the Commission.

N.B.I: Persons already in Government Service, whether in permanent or temporary capacity or as work charged employees other than casual or daily rated employees or those serving under the Public Enterprises are, however, required to inform their Head of Office/Department in writing that they have applied for the Examination.

N.B.II: Candidates serving in the Armed Forces are required to inform their Commanding Officer in writing that they have applied for this examination. They are also required to submit NOC in this regard at the time of SSB interview.

Candidates should note that in case a communication is received from their employer by the Commission withholding permission to the candidates applying for/appearing at the examination, their applications will be liable to be rejected/candidatures will be liable to be cancelled.

NOTE: APPLICATIONS WITHOUT THE PRESCRIBED FEE (UNLESS REMISSION OF FEE IS CLAIMED AS IN PARA 4 ABOVE) OR INCOMPLETE APPLICATIONS SHALL BE SUMMARILY REJECTED.

No representation or correspondence regarding such rejection shall be entertained under any circumstances. Candidates are not required to submit alongwith their applications any certificate in support of their claims regarding age, educational qualifications, Scheduled Caste/Scheduled Tribe/OBC and fee remission etc.

The candidates applying for the examination should ensure that they fulfil all the eligibility conditions for admission to the examination.

Their admission at all the stages of examination for which they are admitted by the Commission viz. written examination and interview test will be purely provisional, subject to their satisfying the prescribed eligibility conditions. If on verification at any time before or after the written examination or Interview Test, it is found that they do not fulfil any of the eligibility conditions, their candidature for the examination will be cancelled by the Commission.

Candidates are advised to keep ready the following documents in original alongwith their self attested copies soon after the declaration of the result of the written part of the examination which is likely to be declared in the month of October, 2024 for submission to the Army HQ/Naval HQ/Air HQ as the case may be:

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(1) Matriculation/Secondary School Examination Certificate or its equivalent showing date of birth (2) Degree/Provisional Degree Certificate/Marks sheet showing clearly having passed degree examination and eligible for award of degree.

In the first instance all qualified candidates eligible for SSB interview will carry their original Matriculation/Secondary School Examination Certificate as also their Degree/Provisional Degree Certificate/Marks sheet with them while going to the Services Selection Centres for SSB interview. Candidates who have not yet qualified the final year Degree examination must carry with them a certificate in original from the Principal of the College/Institution stating that the candidate has appeared/is appearing at the final year Degree examination. Candidates who do not carry the above certificates with them while going to the Services Selection Centres shall not be allowed to appear for the SSB interview. No relaxation for production of the above certificates in original at the selection centre is allowed, and candidates who do not carry with them any of these certificates in original will not be permitted to appear for their SSB test and interview and they will be sent back home at their own expense.

(1) If any of their claims is found to be incorrect/false/fraud/fabricated they may render themselves liable to disciplinary action by the Commission in terms of the following provisions:

A candidate who is or has been declared by the Commission to be guilty of :—

(a) Obtaining support for candidature by the following means, namely :—
  (i) offering illegal gratification to; or
  (ii) applying pressure on; or
  (iii) blackmailing, or threatening to blackmail any person connected with the conduct of the examination; or
(b) impersonation; or
(c) procuring impersonation by any person; or
(d) submitting fabricated/incorrect documents or documents which have been tampered with; or
(e) uploading irrelevant or incorrect photos/signature in the application form in place of actual photo/signature.
(f) making statements which are incorrect or false or suppressing material information; or
(g) resorting to the following means in connection with the candidature for the examination, namely :—
  (i) obtaining copy of question paper through improper means;
  (ii) finding out the particulars of the persons connected with secret work relating to the examination;
  (iii) influencing the examiners; or
(h) being in possession of or using unfair means during the examination; or
(i) writing obscene matter or drawing obscene sketches or irrelevant matter in the scripts; or
(j) misbehaving in the examination hall including tearing of the scripts, provoking fellow examinees to boycott examination, creating a disorderly scene and the like; or
(k) harassing, threatening or doing bodily harm to the staff employed by the Commission for the conduct of the examination; or
(l) being in possession of or using any mobile phone, (even in switched-off mode), pager or any electronic equipment or programmable device or storage media like pen drive, smart watches etc. or camera or Bluetooth devices or any other equipment or related accessories (either in working or switched off mode) capable of being used as a communication device during the examination; or
(m) violating any of the instructions issued to candidates along with their admission certificates permitting them to take the examination; or
(n) attempting to commit or, as the case may be, abetting the commission of all or any of the acts specified in the foregoing clauses;

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in addition to being liable to criminal prosecution, shall be disqualified by the Commission from the Examination held under these Rules; and/or shall be liable to be debarred either permanently or for a specified period :-

(i) by the Commission, from any examination or selection held by them;

(ii) by the Central Government from any employment under them;

and shall be liable to face disciplinary action under the appropriate rules if already in service under Government.

Provided that no penalty under this rule shall be imposed except after:—

(i) giving the candidate an opportunity of making such representation in writing as the candidate may wish to make in that behalf; and

(ii) taking the representation, if any, submitted by the candidate within the period allowed for this purpose, into consideration.

(2) Any person who is found by the Commission to be guilty of colluding with a candidate(s) in committing or abetting the commission of any of the misdeeds listed at Clauses (a) to (m) above will be liable to action in terms of the Clause (n).

Note: If a candidate is found to be in possession or using unfair means, may not be allowed to continue in the said exam as soon as the incident comes to notice of the Examination functionaries and the action against the candidates may be taken in consultation with the Commission. Further, the candidate may also not be allowed in any of the subsequent papers of the said examination.

6. LAST DATE FOR SUBMISSION OF APPLICATIONS:

The Online Applications can be filled upto 04th June, 2024 till **6:00 PM.**

7. CORRESPONDENCE WITH THE COMMISSION/ARMY/NAVAL/AIR HEAD QUARTERS.

The Commission will not enter into any correspondence with the candidates about their candidature except in the following cases:

(i) The eligible candidates shall be issued an e-Admit Card Seven Days before the commencement of the examination. The e-Admit Card will be made available in the UPSC website [www.upsc.gov.in] for downloading by candidates. No Admit Card will be sent by post. For downloading the e-Admit Card the candidate must have his/her vital parameters like RID & Date of Birth or Roll No. (if received) & date of birth or name, Father's name & Date of Birth available with him/her.

(ii) If a candidate does not receive his/her e-Admit Card or any other communication regarding his/her candidature for the examination Seven Days before the commencement of the examination, he/she should at once contact the Commission. Information in this regard can also be obtained from the Facilitation Counter located in the Commission's Office either in person or over phone Nos. 011-23381125/011-23385271/011-23098543. In case no communication is received in the Commission's Office from the candidate regarding non-receipt of his/her e-Admit Card at least Seven Days before the examination, he/she himself/herself will be solely responsible for non-receipt of his/her e-Admit Card.

No candidate will ordinarily be allowed to take the examination unless he/she holds an e-Admit Card for the examination. On downloading of Admit Card, check it carefully and bring discrepancies/errors, if any, to the notice of UPSC immediately.

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The courses to which the candidates are admitted will be according to their eligibility as per age and educational qualifications for different courses and the preferences given by the candidates.

The candidates should note that their admission to the examination will be purely provisional based on the information given by them in the Application Form. This will be subject to verification of all the eligibility conditions.

(iii) The decision of the Commission as to the acceptance of the application of a candidate and his/her eligibility or otherwise for admission to the Examination shall be final.

(iv) Candidates should note that the name in the e-Admit Card in some cases, may be abbreviated due to technical reasons.

(v) Candidates must ensure that their e-mail IDs given in their applications are valid and active.

IMPORTANT: All communications to the Commission/Army Headquarters should invariably contain the following particulars.

1. Name and year of the examination.
2. Registration ID (RID)
3. Roll Number (if received)
4. Name of candidate (in full and in block letters)
5. Complete Postal Address as given in the application with telephone number, if any.

N.B. (i) Communications not containing the above particulars may not be attended to.

N.B. (ii) If a letter/communication is received from a candidate after an examination has been held and it does not give his/her full name and Roll number, it will be ignored and no action will be taken thereon.

N.B. (iii) Candidates recommended by the Commission for interview by the Services Selection Board who have changed their addresses subsequent to the submission of their application for the examination should immediately after announcement of the result of the written part of the examination notify the changed address, along with an unstamped self addressed envelope, also to IHQ of MoD (Army)/Dte Gen Of Rtg (Rtg A) CDSE Entry Section for males and SSC Women Entry Section for women candidates, West Block-III, Ground Floor, Wing 1, Rama Krishna Puram, New Delhi-110066 in case of IMA/SSC first choice candidates and IHQ of MOD(Navy) DMPR (OI&R Section), Room No. 204, 'C' Wing, Sena Bhawan, New Delhi-110011 in case of Navy first choice candidates, and Dte of Personnel (Offrs), Kasturba Gandhi Marg, New Delhi-110001. Phone No. 23010231 Extn. 7645/7646/7610 in case of Air Force first choice candidates. Failure to comply with this instruction will deprive the candidate of any claim to consideration in the event of his/her not receiving the summon letter for interview by the Services Selection Board. For all queries regarding allotment of centres, date of SSB interview, merit list, Joining Instructions, and any other relevant information regarding selection process, please visit website www.joinindianarmy.nic.in or contact in case of candidates having IMA or OTA as their first choice IHQ of MOD (NAVY) DMPR (OI&R Section), Room No. 204, 'C' Wing, Sena Bhawan, New Delhi-110011 in the case of candidates having Navy as first choice and Dte of Personnel (Offrs), Kasturba Gandhi Marg, New Delhi-110001. Phone No. 23010231 Extn. 7645/7646/7610 in the case of candidates having Air Force as first choice.

Candidates are requested to report for SSB interview on the date intimated to them in the call up letter for interview. Requests for postponing interview will only be

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considered in very genuine circumstances and that too if it is administratively convenient for which Army Headquarters/Naval HQ/Air Headquarter will be the sole deciding authority. Such requests should be sent to Selection Centre/SSB from where the call for SSB interview has been received. Navy candidates can download their call letters from the naval website www.joinindiannavy.gov.in or send email at officer@navy.gov.in three weeks after publication of results.

N.B. In case a candidate does not get the interview call for SSB interview for IMA by 2nd week of February, 2025 and by 2nd week of May, 2025 for OTA, he/she should write to IHQ of MoD(Army)/Rtg. CDSE Entry/SSC Women Entry for Officers Training Academy, West Block-III, Ramakrishna Puram, New Delhi-110066 regarding non-receipt of the call-up letter. For similar query by the Navy/Air Force candidates, having first choice as given ibid, should write to Naval Hqrs. or Air Hqrs. as mentioned in N.B. III (in case of non-receipt of call by 4th week of February, 2025).

8. ANNOUNCEMENT OF THE RESULTS OF THE WRITTEN EXAMINATION, INTERVIEW OF QUALIFIED CANDIDATES, ANNOUNCEMENT OF FINAL RESULTS AND ADMISSION TO THE TRAINING COURSES OF THE FINALLY QUALIFIED CANDIDATES.

The Union Public Service Commission shall prepare a list of candidates who obtain the minimum qualifying marks in the written examination as fixed by the Commission in their discretion. Candidates who are declared successful in the written exam will be detailed for intelligence and personality test at the Service Selection Board based on their preference by the respective service HQ. CANDIDATES WHO QUALIFY IN THE WRITTEN EXAM AND GIVEN THEIR FIRST CHOICE AS ARMY (IMA/OTA) ARE REQUIRED TO REGISTER THEMSELVES ON THE RECRUITING DIRECTORATE WEBSITE WWW.JOININDIANARMY.NIC.IN IN ORDER TO ENABLE THEM TO RECEIVE CALL UP INFORMATION FOR SSB INTERVIEW. THOSE CANDIDATES WhO HAVE ALREADY REGISTERED ON THE RECRUITING DIRECTORATE WEBSITE ARE ADVISED NOT TO REGISTER AGAIN. The email ID registered with DG Recruiting website i.e. www.joinindianarmy,nic.in and that given to UPSC must be same and unique to the applicant. Results of the test conducted by Service Selection Board will hold good for all the courses [i.e. Indian Military Academy (DE) Course, Dehradun, Indian Naval Academy, Ezhimala Course, Air Force Academy (Pre-Flying) Course, Hyderabad and SSC (NT) Course at OTA, Chennai] for which the candidate has qualified in the written exam, irrespective of the service HQ conducting it. Two-stage selection procedure based on Psychological Aptitude Test and intelligence Test has been introduced at Service Selection Boards. All the candidates will be put to stage one test on first day of reporting at Selection Centres. Only those candidates who qualify at stage one will be admitted to the second stage/remaining tests and all those who fail to pass stage one, will be returned. Only those candidate who qualify at stage two will be required to submit photocopy each of:—(i) Matriculation pass certificate or equivalent in support of date of birth, (ii) Bachelors Degree/Provisional Degree alongwith mark sheets of all the years/semesters in support of educational qualification.

Candidates will appear before the Services Selection Board and undergo the test there at their own risk and will not be entitled to claim any compensation or other relief from Government in respect of any injury which they may sustain in the course of or as a result of any of the tests given to them at the Services Selection Board whether due to the negligence of any person or otherwise. Candidates will be required to sign a certificate to this effect on the form appended to the application.

To be acceptable, candidates should secure the minimum qualifying marks separately in (i) written examination and (ii) SSB test as fixed by the Commission and Service Selection Board respectively in their discretion. The candidates will be placed in the order of merit on the basis of the total marks secured by them in the written examination and in the SSB tests. The form and manner of communication of the

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result of the examination to individual candidates shall be decided by the Commission in their discretion and the Commission will not enter into correspondence with them regarding the result.

Success at the examination confers no right of admission to the Indian Military Academy, Indian Naval Academy, Air Force Academy or the Officers' Training Academy as the case may be. The final selection will be made in order of merit subject to medical fitness and suitability in all other respects and number of vacancies available.

NOTE: Every candidate for the Air Force and Naval Aviation is given Pilot Aptitude Test only once. The Grade secured by him at the first test (CPSS and/or PABT) will therefore hold good for every subsequent interview at the Air Force Selection Board. Those who have failed Indian Navy Selection Board/Computer Pilot Selection System (CPSS) and/or Pilot Aptitude Battery Test earlier and those who habitually wear spectacles are not eligible for Air Force.

TEST/INTERVIEW AT AIR FORCE SELECTION BOARDS FOR THOSE CANDIDATES WHO APPLY FOR AIR FORCE THROUGH MORE THAN ONE SOURCE:- There are three modes of entry in F(P) course CDSE/NCC/AFCAT. Candidates who fail in Computer Pilot Selection System (CPSS) will be considered for other preferred services only if it is found that they have applied through CDS Exam. Candidates who qualify in the written examination for IMA(D.E) Course and/or Navy (S.E) Course and / or Air Force Academy course irrespective of whether they have also qualified for SSC Course or not will be detailed for SSB test in February-March, 2025 and candidates who qualify for SSC Course only will be detailed for SSB tests in April to June, 2025.

9. DISQUALIFICATION FOR ADMISSION TO THE TRAINING COURSE:

Candidates who were admitted to an earlier course at the National Defence Academy, Indian Military Academy, Air Force Academy, Indian Naval Academy, Officers' Training Academy, Chennai but were removed there from on disciplinary ground will not be considered for admission to the Indian Military Academy, Indian Naval Academy, Air Force Academy or for grant of Short Service Commission in the Army.

Candidates who were previously withdrawn from the Indian Military Academy for lack of Officer-like qualities will not be admitted to the Indian Military Academy.

Candidates who were previously selected as Special Entry Naval Cadets but were withdrawn from the National Defence Academy or from Naval Training Establishments for lack of Officer-like qualities will not be eligible for admission to the Indian Navy.

Candidates who were withdrawn from Indian Military Academy, Officers' Training Academy, NCC and Graduate course for lack of Officer-like qualities will not be considered for grant of Short Service Commission in the Army.

Candidates who were previously withdrawn from the NCC and Graduates' course for lack of Officer-like qualities will not be admitted to the Indian Military Academy.

10. PUBLIC DISCLOSURE OF MARKS SCHEME

As per the decision taken by the Government for increasing the access of unemployed to job opportunities, the Commission will publically disclose the scores of the candidates (obtained in the Written Examination and SSB Interview/Personality Test) through the public portals. The disclosure will be made

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in respect of only those candidates who will appear in the SSB Interview for the Combined Defence Services Examination and are not qualified. The information shared through this disclosure scheme about the unsuccessful candidates may be used by other public and private recruitment agencies to appoint suitable candidates from the information made available in the public portal.

Candidates, who will appear for SSB, will be required to give their options when asked by the Commission. A candidate may opt out of the scheme also and in that case his/her details will not be published by the Commission.

Besides sharing of the information of the unqualified candidates of this CDS Examination, the Commission will not assume any responsibility or liability for the method and manner in which information related to candidates is utilized by other private or public organizations.

11. RESTRICTIONS ON MARRIAGE DURING TRAINING IN THE INDIAN MILITARY ACADEMY OR IN THE INDIAN NAVAL ACADEMY OR IN THE AIR FORCE ACADEMY OR OFFICERS TRAINING ACADEMY, CHENNAI::

Candidates for the Indian Military Academy Course or Naval Academy Course or Indian Air Force Academy Course or Officers' Training Academy, Chennai must undertake not to marry until they complete their full training. A candidate who marries subsequent to the date of his/her application though successful at this or any subsequent examination will not be selected for training. A candidate who marries during training shall be discharged and will be liable to refund all expenditure incurred on him/her by the Government.

Candidates must undertake not to marry until they complete their full training. A candidate who marries subsequent to the date of his application, through successful at the written examination or service Selection Board interview of medical examination will not be eligible for training. A candidate who marries during this period, shall be discharged and will be liable to refund all expenditure incurred on him by the Government.

12. OTHER RESTRICTIONS DURING TRAINING IN THE INDIAN MILITARY ACADEMY OR IN THE INDIAN NAVAL ACADEMY OR IN THE AIR FORCE ACADEMY:

After admission to the Indian Military Academy or the Indian Naval Academy or the Air Force Academy, candidates will not be considered for any other commission. They will also not be permitted to appear for any interview or examination after they have been finally selected for training in the Indian Military Academy or the Indian Naval Academy or the Air Force Academy.

(Vinod Kumar)
Under Secretary
Union Public Service Commission

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APPENDIX-I

The scheme, standard and syllabus of the examination

A. SCHEME OF EXAMINATION

1. The Competitive examination comprises:

(a) Written examination as shown in para 2 below.

(b) Interview for intelligence and personality test (vide Part 'B' of this Appendix) of such candidates as may be called for interview at one of the Services Selection Centres.

2. The subjects of the written examination, the time allowed and the maximum marks allotted to each subject will be as follows:

(a) For Admission to Indian Military Academy, Indian Naval Academy and Air Force Academy:—

Subject	**Code**	**Duration**	**Maximum Marks**
1. English	11	2 Hours	100
2. General Knowledge	12	2 Hours	100
3. Elementary Mathematics	13	2 Hours	100

(b) For Admission to Officers' Training Academy :—

Subject	code	Duration	Maximum Marks
1. English	11	2 Hours	100
2. General Knowledge	12	2 Hours	100

The maximum marks allotted to the written examination and to the interviews will be equal for each course i.e. the maximum marks allotted to the written examination and to the interviews will be 300, 300, 300 and 200 each for admission to the Indian Military Academy, Indian Naval Academy, Air Force Academy and Officers' Training Academy respectively.

3. The papers in all the subjects will consist of objective type questions only. The question papers (Test Booklets) of General Knowledge and Elementary Mathematics will be set bilingually in Hindi as well as English.

4. In the question papers, wherever necessary, questions involving the metric system of Weights and Measures only will be set.

5. Candidates must write the papers in their own hand. In no circumstances will they be allowed the help of a scribe to write answers for them.

6. The Commission have discretion to fix qualifying marks in any or all the subjects of the examination.

7. The candidates are not permitted to use calculator for answering objective type papers (Test Booklets). They should not therefore, bring the same inside the Examination Hall.

B. STANDARD AND SYLLABUS OF THE EXAMINATION

STANDARD

The standard of the papers in Elementary Mathematics will be of Matriculation level. The standard of papers in other subjects will approximately be such as may be expected of a graduate of an Indian University.

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SYLLABUS

ENGLISH (Code No. 01)

The question paper will be designed to test the candidates' understanding of English and workmanlike use of words.

GENERAL KNOWLEDGE (Code No. 02)

General Knowledge including knowledge of current events and of such matters of everyday observation and experience in their scientific aspects as may be expected of an educated person who has not made a special study of any scientific subject. The paper will also include questions on History of India and Geography of a nature which candidate should be able to answer without special study.

ELEMENTARY MATHEMATICS (Code No. 03)

ARITHMETIC

Number System—Natural numbers, Integers, Rational and Real numbers. Fundamental operations, addition, substraction, multiplication, division, Square roots, Decimal fractions. Unitary method, time and distance, time and work, percentages, applications to simple and compound interest, profit and loss, ratio and proportion, variation.

Elementary Number Theory—Division algorithm. Prime and composite numbers. Tests of divisibility by 2, 3, 4, 5, 9 and 11. Multiples and factors. Factorisation Theorem. H.C.F. and L.C.M. Euclidean algorithm. Logarithms to base 10, laws of logarithms, use of logarithmic tables.

ALGEBRA

Basic Operations, simple factors, Remainder Theorem, H.C.F., L.C.M., Theory of polynomials, solutions of quadratic equations, relation between its roots and coefficients (Only real roots to be considered). Simultaneous linear equations in two unknowns—analytical and graphical solutions. Simultaneous linear inequations in two variables and their solutions. Practical problems leading to two simultaneous linear equations or inequations in two variables or quadratic equations in one variable & their solutions. Set language and set notation, Rational expressions and conditional identities, Laws of indices.

TRIGONOMETRY

Sine ×, cosine ×, Tangent × when $0° \leq \times \leq 90°$ Values of sin ×, cos × and tan ×, for × = 0°, 30°, 45°, 60° and 90°

Simple trigonometric identities.

Use of trigonometric tables.

Simple cases of heights and distances.

GEOMETRY

Lines and angles, Plane and plane figures, Theorems on (i) Properties of angles at a point, (ii) Parallel lines, (iii) Sides and angles of a triangle, (iv) Congruency of triangles, (v) Similar triangles, (vi) Concurrence of medians and altitudes, (vii) Properties of angles, sides and diagonals of a parallelogram, rectangle and square, (viii) Circles and its properties including tangents and normals, (ix) Loci.

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MENSURATION

Areas of squares, rectangles, parallelograms, triangle and circle. Areas of figures which can be split up into these figures (Field Book), Surface area and volume of cuboids, lateral surface and volume of right circular cones and cylinders, surface area and volume of spheres.

STATISTICS

Collection and tabulation of statistical data, Graphical representation frequency polygons, histograms, bar charts, pie charts etc. Measures of central tendency.

INTELLIGENCE AND PERSONALITY TEST

The SSB procedure consists of two stage Selection process - stage I and stage II. Only those candidates who clear the stage I are permitted to appear for stage II. The details are:-

(a) Stage I comprises of Officer Intelligence Rating (OIR) tests are Picture Perception* Description Test (PP&DT). The candidates will be shortlisted based on combination of performance in OIR Test and PP&DT.

(b) Stage II Comprises of Interview, Group Testing Officer Tasks, Psychology Tests and the Conference. These tests are conducted over 4 days. The details of these tests are given on the website www.joinindianarmy.nic.in.

The personality of a candidate is assessed by three different assessors viz. The Interviewing Officer (IO), Group Testing Officer (GTO) and the Psychologist. There are no separate weightage for each test. The marks are allotted by assessors only after taking into consideration the performance of the candidate holistically in all the test. In addition, marks for Conference are also allotted based on the initial performance of the Candidate in the three techniques and decision of the Board. All these have equal weightage.

The various tests of IO, GTO and Psych are designed to bring out the presence/absence of Officer Like Qualities and their trainability in a candidate. Accordingly candidates are Recommended or Not Recommended at the SSB.

APPENDIX–II

INSTRUCTIONS TO THE CANDIDATES FOR FILLING ONLINE APPLICATION

Candidates are required to apply online by using the website www.upsconline.nic.in

Salient Features of the system to Online Applications Form are given here under:

1. Detailed instructions for filling up Online Applications are available on the above mentioned website.
2. Candidates will be required to complete the Online Application form containing two stages viz. Part I and Part II as per the instructions available in the above mentioned site through drop down menu.
3. The candidates are required to pay a fee of Rs. 200/- (Rupees two hundred only) [except SC/ST candidates and those specified in Note-2 of Point 4 (Fee) of the Notice who are exempted from payment of fee] either by depositing the money in any branch of SBI by cash or by using any Visa/Master/ Rupay Credit/Debit Card/UPI Payment or by using internet banking facility of any Bank
4. Before start filling up Online Application, a candidate must have his photograph and signature duly scanned in the .jpg format in such a

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manner that each file should not exceed 300 KB each and must not be less than 20 KB in size for the photograph and signature.

5. A candidate must have his Matriculation Certificate ready prior to filling up his application form. The details viz. Candidate's Name, Father's Name, Mother's Name & Date of Birth to be filled in Online Application Form of the candidate should match exactly with particulars mentioned in the Matriculation Certificate.
6. In addition to this, candidate should also have details of one photo ID viz. Aadhar Card/ Voter Card/ PAN Card/ Passport/ Driving License/ Any other photo ID Card issued by the State/Central Government. The details of this photo ID will have to be provided by the candidate while filling up the online application form. The candidates will have to upload a scanned copy of the Photo ID whose details have been provided in the online application by him/her. This photo ID will be used for all future referencing and the candidate is advised to carry this ID while appearing for examination/Personality Test/SSB.
7. The Online Applications (Part I and II) can be filled from 15th May, 2024 to 04th June, 2024 till 6:00 PM.
9. The applicants must ensure that while filling their Application Form, they are providing their valid and active E-mail Ids as the Commission may use electronic mode of communication while contacting them at different stages of examination process.
8. The applicants are advised to check their e-mails at regular intervals and ensure that the email address ending with @nic.in are directed to their inbox folder and not to the SPAM folder or any other folder.
9. **Candidates are strongly advised to apply online well in time without waiting for the last date for submission of online application. Moreover, the Commission has introduced provision of withdrawal of application for the candidate, who does not want to appear at the Examination, he/she may withdraw his/her application.**

APPENDIX–III

Special Instructions to Candidates for objective type tests

1. Articles permitted inside Examination Hall

Clip board or hard board (on which nothing is written) a good quality Black Ball Pen for marking responses on the Answer Sheet. Answer Sheet and sheet for rough work will be supplied by the invigilator.

2. Articles not permitted inside Examination Hall

Do not bring into the Examination Hall any article other than those specified above e.g. any valuable/costly items, mobile phones, Smart/Digital watches other IT gadgets, books, bags, notes, loose sheets, electronic or any other type of calculators, mathematical and drawing instruments, Log Tables, stencils of maps, slide rules, Test Booklets and rough sheets pertaining to earlier session(s) etc.

Possession (even in Switch off mode)/use of Mobiles, phones, Bluetooth, pagers or any other communication devices or any other incriminating material (notes on e-admit card, papers, eraser etc.) are not allowed inside the premises where the examination is being conducted. Any infringement of these instructions shall entail disciplinary action including ban from future examinations.

Candidates are advised in their own interest not to bring any of the banned items including mobile phones/Bluetooth/pagers to the venue of the examination, as no arrangements for safekeeping will be made at the

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venue of the examination. Candidates are advised not to bring any valuable/costly items to the Examination Halls, as no arrangement for safe keeping of the same will be made at the venue of the examination. Commission will not be responsible for any loss in this regard.

3. Penalty for wrong Answers

THERE WILL BE PENALTY (NEGATIVE MARKING) FOR WRONG ANSWERS MARKED BY A CANDIDATE IN THE OBJECTIVE TYPE QUESTION PAPERS.

(i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate. **One third (0.33)** of the marks assigned to that question will be deducted as penalty.

(ii) If a candidate given more than one answer, it will be treated as a wrong answer even if one of the given answers happens to be correct and there will be same penalty as above for that question.

(iii) If a question is left blank i.e. no answer is given by the candidate, there will be **no penalty** for that question.

4. Unfair means strictly prohibited

No candidate shall copy from the papers of any other candidate nor permit his papers to be copied nor give nor attempt to give nor obtain nor attempt to obtain irregular assistance of any description.

5. Conduct in Examination Hall

No candidate should misbehave in any manner or create disorderly scene in the Examination Hall or harass the staff employed by the Commission for the conduct of the examination. Any such misconduct will be severely penalised.

6. Answer Sheet particulars

(i) Write with Black ball pen your Centre and subject followed by test booklet series (in bracket), subject code and roll number at the appropriate space provided on the answer sheet at the top. Also encode your booklet series (A, B, C, or D as the case may be), subject code and roll number in the circles provided for the purpose in the answer sheet. The guidelines for writing the above particulars and for encoding the above particulars are given in Annexure. In case the booklet series is not printed on the test booklet or answer sheet is un-numbered, please report immediately to the invigilator and get the test booklet/answer sheet replaced.

(ii) Candidates should note that any omission/mistakes/discrepancy in encoding/filling of details in the OMR answer sheet, especially with regard to Roll Number and Test Booklet Series Code, will render the answer sheet liable for rejection.

(iii) Immediately after commencement of the examination please check that the test booklet supplied to you does not have any unprinted or torn or missing pages or items etc., if so, get it replaced by a complete test booklet of the same series and subject.

7. Do not write your name or anything other than the specific items of information asked for, on the answer sheet/test booklet/sheet for rough work.

8. Do not fold or mutilate or damage or put any extraneous marking in the Answer Sheet. Do not write anything on the reverse of the answer sheet.

9. Since the answer sheets will be evaluated on computerised machines, candidates should exercise due care in handling and filling up the answer

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sheets. **They should use black ball pen only to darken the circles. For writing in boxes, they should use black ball pen. Since the entries made by the candidates by darkening the circles will be taken into account while evaluating the answer sheets on computerised machines, they should make these entries very carefully and accurately.**

10. Method of marking answers

In the 'OBJECTIVE TYPE' of examination, you do not write the answers. For each question (hereinafter referred to as "Item") several suggested answers (hereinafter referred to as "Responses") are given. You have to choose one response to each item. The question paper will be in the Form of TEST BOOKLET. The booklet will contain item bearing numbers 1, 2, 3.....etc. Under each item, Responses marked (a), (b), (c), (d) will be given. Your task will be to choose the correct response. If you think there is more than one correct response, then choose what you consider the best response.
In any case, for each item you are to select only one response, if you select more than one response, your response will be considered wrong.
In the Answer Sheet, Serial Nos. From 1 to 160 are printed. Against each numbers, there are circles marked (a), (b), (c) and (d). After you have read each item in the Test Booklet and decided which one of the given responses is correct or the best. **You have to mark your response by completely blackening with black ball pen to indicate your response.**
For example, if the correct answer to item 1 is (b), then the circle containing the letter (b) is to be completely blackened with black ball pen as shown below :- Example : (a) • (c) (d).

11. Candidates must write the papers in their own hand. In no circumstances will they be allowed the help of a scribe.

12. Entries in Scannable Attendance List.

Candidates are required to fill in the relevant particulars with **black ball pen** only against their columns in the Scannable Attendance List, as given below.
i) Blacken the circle (P) under the column (Present/Absent)
ii) Blacken the relevant circle for Test Booklet Series
iii) Write Test Booklet Serial No.
iv) Write the Answer Sheet Serial No. and also blacken the Corresponding circles below.
v) Append signature in the relevant column.

13. Please read and abide by the instructions on the cover of Test Booklet. If any candidate indulges in disorderly or improper conduct he will render himself liable for disciplinary action and/or imposition of a penalty as the Commission may deem fit.

ANNEXURE

How to fill in the Answer Sheet of objective type tests in the Examination Hall
Please follow these instructions very carefully. You may note that since the answer sheets are to be evaluated on machine, any violation of these instructions may result in reduction of your score for which you would yourself be responsible. Before you mark your responses on the Answer Sheet, you will have to fill in various particulars in it.
As soon as the candidate receives the Answer Sheet, he should check that it is numbered at the bottom. If it is found un-numbered he should at once get it replaced by a numbered one.
You will see from the Answer Sheet that you will have to fill in the top line, which reads thus:

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केंद्र	विषय	विषय कोड		अनुक्रमांक	
Centre	**Subject**	**S. Code**		**Roll Number**	

If you are, say, appearing for the examination in Delhi Centre for the Mathematics Paper* and your Roll No. is 081276, and your test booklet series is 'A' you should fill in thus, using black ball pen.

केंद्र		विषय		विषय कोड			अनुक्रमांक						
Centre	**Delhi**	**Subject**	**English**	**S.Code**	0	1	Roll Number	0	8	1	2	7	6

You should write with black ball pen the name of the centre and subject in English or Hindi

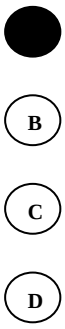
The test Booklet Series is indicated by Alphabets A, B, C or D at the top right hand corner of the Booklet.

Write your Roll Numbers exactly as it is in your e-Admission Certificate with Black ball pen in the boxes provided for this purpose. Do not omit any zero(s) which may be there.

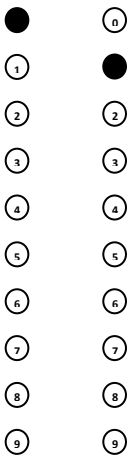
The next step is to find out the appropriate subject code from the Time Table. Now encode the Test Booklet Series, Subject Code and the Roll Number in the circles provided for this purpose. Do the encoding with Black Ball pen. The name of the Centre need not be encoded.

Writing and encoding of Test Booklet Series is to be done after receiving the Test Booklet and confirming the Booklet Series from the same. For Mathematics *subject paper of 'A' Test Booklet Series you have to encode the subject code, which is 01. Do it thus:

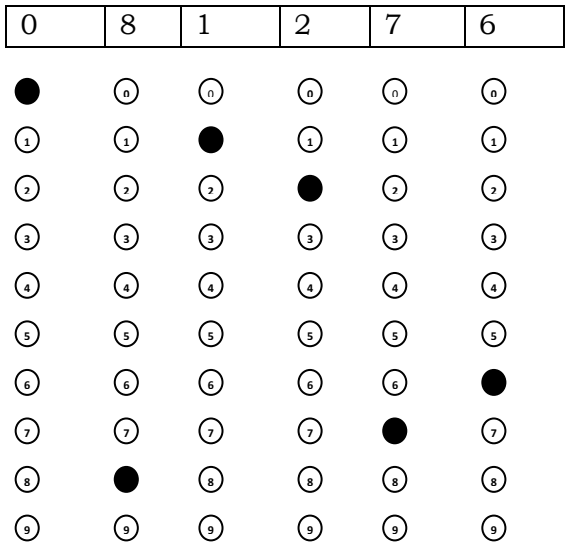
पुस्तिका क्रम (ए)
Booklet Series (A)



विषय
Subject



अनुक्रमांक
Roll Number



All that is required is to blacken completely the circle marked 'A' below the Booklet Series and below the subject code blacken completely the Circles for "0" (in the first vertical column) and "1" (in the second vertical column). You should then encode the Roll No.081276. Do it thus similarly:

Important : Please ensure that you have carefully encoded your subject. Test Booklet series and Roll Number:

*This is just illustrative and may not be relevant to your Examination.

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APPENDIX-IV

GUIDELINES WITH REGARD TO PHYSICAL STANDARDS FOR CANDIDATES FOR COMBINED DEFENCE SERVICES EXAMINATION.

ARMY

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

1. Aim:

Aim of this literature is to familiarize the general population on medical standards for enrolment of candidates into Army through various types of entries. This literature also serves the purpose of placing information in public domain as per the policy of Information Commission under RTI Act -2005

2. 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.

3. 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.

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4. **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.

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(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.

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

6. 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.

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(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.

7. **Height and Weight**: 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

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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)
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.

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(i) Body Mass Index should be below 25.

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

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

(b) The minimum height required for male 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.

(c) The minimum height required for female candidates for entry into the Armed Forces 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.

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__

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(a) Any candidate who has undergone any kerato-refractive procedure will have a certificate from the –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 Officerin 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 tensilestrength. The candidate shall be considered fit after 01 year of open/laparoscopic 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.

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MEDICAL STANDARD AND PROCEDURE OF MEDICAL XAMINATION 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 resultsand 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), SenaBhawan, 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.

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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**

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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:-

(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 PP, 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, Lakhdweep and Minicoy Islands	155 Cm
(iii)	Gorkhas, Nepali, Assamese, Garwali, Kumaoni and Uttrakhand	152 Cm
(iv)	Bhutan, Sikkim & North East Region	152 Cm
(v)	Extra talented sports candidates	155 Cm

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

(a) The candidate is sufficiently intelligent.

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(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.

7. Major defects for rejection are as under:-

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

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

(c) Assessment of Scoliosis. Cobb's angle of 15 degrees at Lumbar Spine and 20 degrees at Dorsal Spine will be the cut-off limits for scoliosis. Scoliosis will be declared Unfit if deformity exists on full flexion of the spine with restriction of range of movements or due to 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 unable to extend/ straighten distal phalanx of fingers completely.

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(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.

(iv) **Simple Syndactyly**. 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.

(v) **Complex Syndactyly**. Unfit

(vi) **Polymazia**. Can be assessed for fitness 12 weeks post-op.

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

(viii) **Healed Fractures**.

(aa) 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.

(ab) All extra-articular injuries with post-operative status with or without implant shall be considered unfit.

(ac) All extra-articular injuries of long bones which have been managed conservatively shall be thoroughly evaluated clinically for soft tissue involvement, crush component, alignment, mal-union/ non-union or any miscellaneous causes which can later on present with a disability on being subjected to physical stress shall be considered unfit if found so. However, the fitness of a candidate in whom the fracture has consolidated well and remodelled after conservative treatment with no evidence of mal-alignment, shortening, soft tissue involvement etc. shall be at the discretion of Surgical Specialist or Medical Board.

(viii) **Cubitus Recurvatum**. >10 degrees is Unfit

(ix) **Cubitus Valgus**.

(aa) **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

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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.

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

(i) History of trauma
(ii) Scar around elbow
(iii) Asymmetry of angles
(iv) Distal neurovascular deficit
(v) Restricted range of motion
(vi) If deemed necessary by Orthopaedic Surgeon

(x) **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.

(aa) Measurement modality. Measured using a Goniometer

(ab) 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 CDSE entry are as follows :-

Criteria	**CDSE**
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 Cyl
Astigmatism (within limits of myopia and hypermetropia)	±1.0 Sph / Cyl
Binocular Vision	III
Colour Perception	I

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2. **Kerato Refractive Surgery.** 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).

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

(c) 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.

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

(e) 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.***

(i) **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:-

(aa) Mild ptosis

(ab) Clear visual axis

(ac) Normal visual field

(ad) No sign of aberrant degeneration/ head tilt

(ii) **Exotropia**. Unfit

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

(iv) **Heterochromia Iridum**. Unfit

(v) **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.

(vi) **Pseudophakia**. Unfit

(vii) **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).

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

(ix) **High Cup Disc Ratio**. Candidate will be considered fit if the ratio is <0.2 with normal visual fields with no other evidence of glaucoma. Candidates with high cup disc ratio (>0.2)/Abnormal RNFL study/Visual Field Defect detected by Visual Field Analyzer will be considered Unfit.

(x) **Keratoconus**. Unfit

(xi) **Lattice**.

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

(i) Single circumferential lattice extending more than two clock 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.

(ab) 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. Healed healthy scar (Dimeric Tympanic Membrane or cartilage) of the

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Neo-Tympanic Membrane involving less than 50% of Pars Tensa due to Type 1 Tympanoplasty (tympanic membrane repair with or without cartilage)/ Myringoplasty (with or without intact cortical mastoidectomy) for Chronic Otitis Media (mucosal type) and Myringotomy (for Otitis Media with Effusion) may be accepted after minimum period of 1 year post surgery if PTA and tympanometry are normal.

(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.

Note:- Septal Deformity. Nasal septal perforation can be anterior cartilaginous or posterior bony perforation. Simple nasal deformity not causing disfigurement, minor septal deviation not interfering with nasal airway and small traumatic septal perforation which are asymptomatic are acceptable. 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.

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.

(d) ***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.

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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 pints 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.

12. **Chest**. The following are criteria for rejection:-

(a) Deformity of chest, congenital or acquired.

(b) Expansion less than 5 cms.

(c) Significant bilateral/ unilateral Gynaecomastia in males can be evaluated for fitness 12 weeks post-op.

13. ***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.

14. ***Respiratory System***.

(a) History of chronic cough or Bronchial Asthma.

(b) Evidence of pulmonary Tuberculosis.

(c) 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.

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

15. ***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 pulse.

(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 (24 h ABPM) to differentiate between white coat hypertension and persistent hypertension. Wherever feasible, candidates will be evaluated by a Cardiologist at AMB. Those with normal 24 h ABPM and without any target organ damage can be considered fit after evaluation by a cardiologist

(d) **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.

16. ***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) **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. 04 weeks (with normal histo-pathological findings)

(ad) Pilonidal Sinus. 12 weeks

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(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.

(c) Fistula in anus, anal fissures and Hemorrhoids unless satisfactory to treatment has been carried out.

(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.

17. ***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:-

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

(ab) Calyecdasis

(ac) Bladder Diverticulum

(ad) Simple Renal Cyst. > 1.5Cm

18. ***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.

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

20. **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.

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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.

AIR FORCE

MEDICAL STANDARD AND PROCEDURE OF MEDICAL EXAMINATION FOR OFFICER ENTRIES INTO AIR FORCE

GENERAL INSTRUCTIONS

1. In this section, standardized guidelines for the physical assessment of candidates for commissioning through CDSE into flying branch 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 results of initial examination are recorded on AFMSF – 2. The complete medical examination consists of:-

(a) A questionnaire, which is to be carefully and truthfully completed by the candidate and countersigned by the examining medical officer. The importance of all aspects of the questionnaire, including the legal aspect, should be emphasised to all the candidates. Any subsequent detection of disability or revelation of a significant past history, not declared earlier, may lead to disqualification at any stage prior to commissioning. USG abdomen would be conducted for all candidates and cadets during medical examination prior to commissioning.

(b) A complete medical and surgical examination including dental examination

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(c) An ophthalmic examination.
(d) An examination of the ear, nose and throat.

4. The medical standards spelt out pertain to initial entry medical standards. Continuation of medical fitness during training will be assessed during the periodic medical examinations held at AFA prior to commissioning.

5. Medical standards described in the following paragraphs are general guidelines. 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.

6. Mandatory Lab and Radiological Investigations

(a) Hematology: Complete Hemogram

(b) Biochemistry: Liver function tests, Renal Function tests

(c) Urine RE and ME

(d) Radiology: USG abdomen and Pelvis, X-ray chest PA view, X-ray LS Spine, AP and Lateral views

(e) ECG

GENERAL PHYSICAL ASSESSMENT

1. 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.

2. 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.

3. **(a) 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.

(b) Birth Marks. Abnormal pigmentation in the form of hypo or hyperpigmentation 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.

(c) 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.

4. **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.

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5. **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.

6. **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 cardiopulmonary or musculoskeletal anomaly are to be considered unfit. Minimum recommended chest circumference for cadets 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.

Height, Sitting Height, Leg Length and Thigh Length.

8. 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: -

(a)	*Sitting height*	Minimum	-	*81.5 cm*
		Maximum	-	*96.0 cm*
(b)	*Leg Length*	*Minimum*	-	*99.0 cm*
		Maximum	-	*120.0 cm*
(c)	*Thigh Length*	*Maximum*	-	*64.0 cm*

The minimum height for entry into ground duty branches will be 157.5 cm. For Gorkhas and individual belonging to North-Eastern regions of India and hilly regions of Uttarakhand, the minimum acceptable height will be 5 cm less (152.5 cm). In case of candidates from Lakshwadweep the minimum acceptable height can be reduced by 2 cm (155.5 cm).

9. **Body Weight Parameters**

(a) Male Candidates (except NDA candidates). Ideal weight relative to age and height is given in Appendix 'A' to this notification. The weight will be rounded off to the nearest 0.5 kg. The maximum permissible variation from the ideal body weight is ± 1 SD.

(b) For in-service candidates the criteria of body weight applicable to serving personnel will be used.

10. Weights higher than the prescribed limit will be acceptable only in exceptional circumstances in case of those candidates where there is documented evidence of bodybuilding, wrestling and boxing. However, in such cases, the following criteria will have to be met:

(a) BMI should be below 27.
(b) Waist Hip ratio should be below 0.9 for males and 0.8 for females.

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(c) Waist circumference should be less than 94 cm for males and 89 cm for females.
(d) All biochemical metabolic parameters should be within normal limits.

Appendix - A

Height and Weight Standards for Male

Height in cm	Age Range (Years)				
	15-17	18-22	23-27	28-32	33-37
152	46	47	50	54	54
153	47	47	51	55	55
154	47	48	51	56	56
155	48	49	52	56	56
156	48	49	53	57	57
157	49	50	54	58	58
158	49	50	54	58	58
159	50	51	55	59	59
160	51	52	56	59	60
161	51	52	56	60	60
162	52	53	57	61	61
163	52	54	58	61	62
164	53	54	59	62	63
165	53	55	59	63	63
166	54	56	60	63	64
167	54	56	61	64	65
168	55	57	61	65	65
169	55	57	62	65	66
170	56	58	63	66	67
171	56	59	64	66	68
172	57	59	64	67	68
173	58	60	65	68	69
174	58	61	66	68	70
175	59	61	66	69	71
176	59	62	67	70	71
177	60	62	68	70	72
178	60	63	69	71	73
179	61	64	69	72	73
180	61	64	70	72	74
181	62	65	71	73	75
182	62	66	72	74	76
183	63	66	72	74	76
184	64	67	73	75	77
185	64	68	74	75	78
186	65	68	74	76	78
187	65	69	75	77	79
188	66	69	76	77	80
189	66	70	77	78	81
190	67	71	77	79	81

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191	67	71	78	79	82
192	68	72	79	80	82
193	68	73	79	81	83
SD	6.0	6.3	7.1	6.6	6.9

CARDIOVASCULAR SYSTEM

1. History of chest pain, breathlessness, palpitation, fainting attacks, giddiness, rheumatic fever, ankle swelling, chorea, frequent sore throats and tonsillitis should be given due consideration in assessment of the cardiovascular system.

2. **Pulse**. Rate, rhythm, volume, tension, regularity of the pulse and conditions of the arterial wall are assessed. The normal pulse rate varies from 60-100 bpm. The pulse should be counted for one full minute. The pulsations for the radial and femoral arteries should always be compared and any difference, if any, should be recorded. Other peripheral pulsations viz. carotid, popliteal, posterior tibial artery and dorsalis pedis artery on both sides should also be palpated and any difference, if noted should be documented. 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.

3. **Blood Pressure.** Candidate with BP consistently greater than 140/90mm of Hg will be rejected. All such candidates shall undergo a 24 hour ambulatory blood pressure monitoring (24 h ABPM) to differentiate between white coat hypertension and persistent hypertension. Wherever feasible, candidates will be evaluated by a cardiologist at AMB. Those with normal 24 h ABPM and without target organ damage can be considered fit after evaluation by a cardiologist at AMB.

4. **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. In case of any doubt the case should be referred to cardiologist for opinion.

5. **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.

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

RESPIRATORY SYSTEM

1. History of pulmonary tuberculosis, pleurisy with effusion, frequent episodes of expectorant cough, haemoptysis, frequent episodes of bronchitis, asthma, spontaneous pneumothorax and injuries to the chest should be elicited. Spirometry/ Peak Expiratory Flow Rate may be done in cases suspected to have obstructive airway disease. In case there is any suspicion of lung pathology, relevant investigations, including X Ray/ CT chest/ Immunological tests etc may be carried out to decide fitness. Final fitness in doubtful cases will be decided only at appeal level after opinion of Sr Adv (Med)/ Pulmonologist.

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2. **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. In these cases, a CT scan chest and fibreoptic bronchoscopy with bronchial lavage can be done along with USG, ESR, PCR, Immunological tests and Mantoux test as decided by the Physician. If all the tests are normal the candidate may be considered fit. However, in such cases fitness will only be decided at Appeal/ Review Medical Board.

3. **Pleurisy with Effusion**. Any evidence of significant residual pleural thickening will be a cause for rejection.

4. **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. Pulmonary Function Tests may be carried out, if available. In such cases, opinion of the Medical Specialist/ Chest Physician may be obtained.

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

6. **Radiographs of the Chest**. Definite radiological evidence of disease of the lungs, mediastinum and pleurae are criteria for declaring the candidate unfit. If required, investigations as outlined in para 2 above can be carried out under the advice of a pulmonologist.

7. **Thoracic surgery**. Candidate with history of any resection of the lung parenchyma will be considered unit. Any other major surgery of the thorax will be considered on a case to case basis.

GASTROINTESTINAL SYSTEM

1. The examiner should enquire whether the candidate has any past history of ulceration or infection of the mouth, tongue, gums or throat. Record should be made of any major dental alteration. When discussing a candidate‘s medical history the examiner must ask direct questions about any history of heartburn, history of recurrent dyspepsia, peptic ulcer-type pain, chronic diarrhoea, jaundice or biliary colic, indigestion, constipation, bleeding PR and any abdominal surgery.

2. Bladder diverticulum will be declared as Unfit.

3. **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. The condition of oral mucosa, gums and any restriction of mouth opening should be noted.

4. **Gastro-Duodenal Disabilities**. Candidates who are suffering or have suffered, during the previous one year, from symptoms suggestive of acid-peptic disease including proven peptic ulcers, are not to be accepted. Any past surgical procedure involving partial or total loss of an organ (other than vestigial organs/ gall bladder) will entail rejection.

5. **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

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functions are within normal limits. History of recurrent jaundice and hyperbilirubinemia of any nature is unfit.

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

7. **Hernia**. Hernial sites are to be examined for presence of inguinal, epigastric, umbilical and femoral hernia. Any abdominal wall hernia is unfit. A candidate with a wellhealed surgical scar,after 06 months of either open or laparoscopic repair (Anterior Abdominal wall hernia-24 weeks) is considered fit provided there is no evidence of recurrence and the abdominal wall musculature is good.

8. Abdominal Surgery

(a) A candidate with well-healed scar after conventional abdominal surgery will be considered fit after one year of successful surgery 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.
(b) A candidate after laparoscopic cholecystectomy will be considered fit if 08 weeks have passed since surgery provided they are free from signs and symptoms and their evaluation including LFT and USG abdomen are normal and there is total absence of gall bladder with no intra-abdominal collection. Other abdominal laparoscopic procedures can also be considered fit after 08 weeks of surgery provided the individual is asymptomatic, recovery is complete and there is no residual complication or evidence of recurrence.

9. **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) Only external skin tags.
(ii) After rectal surgery for polyps, haemorrhoids, fissure, fistula or ulcer, provided there is no residual/ recurrent disease.
(iii) After Anal Fissure surgery: Gd IV Hemorrhoids: 12 weeks
(iv) Pilonidal Sinus: After 12 weeks of surgery

(b) **Unfit**
(i) Rectal prolapse even after surgical correction
(ii) Active anal fissure
(iii) Haemorrhoids (external or internal)
(iv) Anal Fistula
(v) Anal or rectal polyp
(vi) Anal stricture
(vii) Faecal incontinence

Ultrasonography of Abdomen

10. Liver

(a) 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

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disease or liver abscess based on relevant clinical examinations and appropriate investigations.

(b) Unfit

(i) Hepatomegaly more than 15 cm in mid-clavicular line.
(ii) Fatty liver – Grade 2 and 3, grade 1 in presence of abnormal LFT.
(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 > 1 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 (PV >13 mm, collaterals, ascites).

11. **Gall Bladder**

(a) Fit

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

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

(iii) **Post Open Cholecystectomy**. 24 weeks (In the absence of incisional hernia)

(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.
(x) 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 cases.

12. **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.

13. **Pancreas**

(a) Unfit
(i) Any structural abnormality.
(ii) Space Occupying Lesion/ Mass lesion.
(iii) Features of chronic pancreatitis (calcification, ductal abnormality, atrophy).

14. **Peritoneal Cavity**

(a) Unfit
(i) Ascites.
(ii) Solitary mesenteric or retroperitoneal lymph node >1 cm. (Single retroperitoneal LN <1 cm and normal in architecture may be considered fit).

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(iii) Two or more lymph nodes of any size
(iv) Any mass or cyst.

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

16. 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 od 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

(ac) Histo-pathological report of acute appendicitis is available

(ad) USG confirmation of absence of surgical site incisional hernia

UROGENITAL SYSTEM

1. Enquiry should be made about any alteration in micturition or urinary stream e.g. dysuria, frequency, poor stream etc. Recurrent attacks of cystitis; pyelonephritis and haematuria must be excluded from history. Detailed enquiry must be made about any history of renal colic, attacks of acute nephritis, any operation on the renal tract including loss of a kidney, passing of stones or urethral discharges. If there is any history of enuresis, past or present, full details must be obtained. History of urethral discharge and Sexually Transmitted Disease (STD) should be elicited.

2. The external genitalia should be meticulously examined to rule out the presence of congenital anomalies e.g. hypospadias, epispadias, ambiguous genitalia, undescended testis (UDT) or ectopic testis etc. Conditions like hydrocele, varicocele, epididymal cyst, phimosis, urethral stricture, meatal stenosis etc should also be ruled out. The criteria to be followed are as follows:

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(a) **Undescended testis (UDT)**

(i) Unfit – Any abnormal position of testis (unilateral or bilateral) is unfit. Bilateral orchidectomy due to any cause such as trauma, torsion or infection is unfit.

(ii) Fit - Operatively corrected UDT may be considered fit at least 04 weeks after surgery, provided after surgical correction, the testis is normal in location and the wound has healed well. Unilateral atrophic testis/ unilateral orchidectomy for benign cause may be considered fit, provided other testis is normal in size, fixation and location.

(b) Varicocele

(i) **Unfit** – All grades of current varicocele.

(ii) **Fit** - Post-operative cases of varicocele with no residual varicocele and no post op complication or testicular atrophy may be made fit after 08 weeks of surgery, for sub-inguinal varicocoelectomy.

(c) 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.

(d) 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.

(e) Epididymitis/ Orchitis

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

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

(f) 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.

(g) Penile Amputation. Any amputation will make the candidate unfit.

(h) 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.

(j) 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.

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

(l) Sex reassignment surgery/ Intersex condition. Unfit

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

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(n) Renal Transplant Recipients. Unfit

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

3. **Urine Examination**

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

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.

UrinaryInfections. When the candidate has history or evidence of urinary infection it will entail full renal investigation. Persistent evidence of urinary infection will entail rejection.

Haematuria. Candidates with history of haematuria will be subjected to full renal investigation.

4. **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.

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

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

Ultrasonography of the Abdomen - Urogenital System

7. **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 renal cyst> 1.5 cm
(ii) Complex cyst/ polycystic disease/ multiple or bilateral cysts.
(iii) Renal/ ureteric/ vesical mass.
(iv) Hydronephrosis or Hydroureteronephrosis.
(v) Calculi - Renal/ Ureteric/ Vesical.
(vi) Calyectasis

(b) Fit - 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.

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(c) During Appeal Medical Board/ Review Medical Board unfit candidates will be subjected to specific investigations and detailed clinical examination. Candidates having isolated abnormality of echo texture of Kidney may be considered fit if Renal Function, DTPA scan and CECT kidney is normal.

8. **Scrotum and Testis**. The following cases will be made unfit:

(a) Bilateral atrophied testis.
(b) Varicocele (Unilateral or bilateral).
(c) Any abnormal location of testis (Unilateral or Bilateral).
(d) Hydrocele
(e) Epididymal lesions e.g. cyst.

ENDOCRINE SYSTEM

1. History should be carefully elicited for any endocrine conditions particularly Diabetes Mellitus, disorders of thyroid and adrenal glands, gonads etc. Any history suggestive of endocrine disorders will be a cause for rejection. In case of any doubt, Medical Spl/ Endocrinologist opinion should be taken.

2. A thorough clinical examination to detect any obvious disease of the endocrine system should be carried out. Any clinical evidence of endocrine disease will be unfit.

3. All cases of thyroid swelling having abnormal iodine uptake and abnormal thyroid hormone levels will be rejected. All cases of thyroid swelling are unfit.

4. 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 Glucose load) and HbA1c evaluation, which will be recorded.

DERMATOLOGICAL SYSTEM

1. Careful interrogation followed by examination of the candidate's skin is necessary to obtain a clear picture of the nature and severity of any dermatological condition claimed or found. Borderline skin conditions should be referred to a dermatologist. Candidates who give history of sexual exposure to a Commercial Sex Worker (CSW), or have evidence of healed penile sore in the form of a scar should be declared permanently unfit, even in absence of an overt STD, as these candidates are likely 'repeaters' with similar indulgent promiscuous behavior.

2. Assessment of Diseases of the Skin. Acute non-exanthematous and noncommunicable 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.

3. 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:-

(a) 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.
(b) 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.

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(c) Any degree of palmoplantar keratoderma manifesting with hyperkeratotic and fissured skin over the palms, soles and heels should be considered unfit.
(d) 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.
(e) Candidates having any keloid should be considered unfit.
(f) 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.
(g) Giant congenital melanocytic naevi, greater than 10 cm should be considered unfit, as there is a malignant potential in such large sized naevi.
(h) 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.
(j) Psoriasis is a chronic skin condition known to relapse and/or recur and hence should be considered unfit.
(k) Candidates suffering from minor degree of Leukoderma affecting the covered parts may be accepted. Vitiligo limited only to glans penis and prepuce may be considered fit. Those having extensive degree of skin involvement and especially, when the exposed parts are affected, even to a minor degree, should be made unfit.

4. 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.

5. 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.

6. 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.

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

8. Pityriasis Versicolor is to be made unfit.

9. Any fungal infection (like Tinea Cruris and Tinea Corporis) of any part of the body will be unfit.

10. Scrotal Eczema may be considered fit on recovery.

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

12. Intertrigo may be considered fit on recovery.

13. Genital Ulcers should be considered unfit. Anal and perianal area should also be included as a part of genital examination to rule out STD.

14. Scabies may be considered fit only on recovery.

15. 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.

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RECONSTRUCTIVE SURGERY

(a) **Gynaecomastia**: Candidates to be considered fit after 12 weeks of post-operative period if: -

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

(ii) No post operative complication

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

(iv) Normal general physical examination

(v) Endocrine workup is normal

(b) **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

1. Assessment of the candidate's physique is to be based upon careful observation of such general parameters as apparent muscular development, age, height, weight and the correlation of this i.e. potential ability to acquire physical stamina with training. The candidate's physical capacity is affected by general physical development or by any constitutional or pathological condition.

SPINAL CONDITIONS

2. 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.

Evaluation of Spine

3. **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 e.g. 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.

4. **Radiograph Spine**. For flying duties, radiograph (AP and lateral views) of cervical, thoracic and lumbosacral spine is to be carried out.

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5. 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) Spinabifida:- All types are unfit except in sacrum and LV5 (if completely sacralised)

(vi) Loss of Cervical Lordosis when assessed with clinically restricted movement of cervical spine.

(vii) Scoliosis:-

Assessment of scoliosis. Idiopathic scoliosis upto 10 degrees for Lumbar Spine and 15 degrees of Dorsal Spine will be acceptable provided:

(a) Individual is asymptomatic

(b) No history of trauma to spine

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

(d) There is no neurological deficit

(e) No congenital anomaly of the spine

(f) There is absence of syndromic features

(g) ECG is normal

(h) No deformity exists on full flexion of the spine

(j) No restriction of range of movements

(k) No organic defect causing structural abnormality

(viii) Atlanto-occipital and Atlanto-axial anomalies

(ix) Incomplete Block (fused) vertebra at any level in cervical, dorsal or lumbar spine.\

(x) Complete Block (fused) vertebra at more than one level in cervical or dorsal spine. (Single level is acceptable. Annotation is to be made in AFMSF-2)

(xi) Unilateral sacralisation or lumbarisation (complete or incomplete) and Bilateral incomplete sacralisation or lumbarisation (LSTV- Castellvi Type II a & b, III a & IV) (Bilateral Complete Sacralisation of LV5 and Bilateral Complete Lumbarisation of SV1 i.e LSTV Castellvi Type III b and Type I a & b are acceptable (Annotation is to be made in AFMSF-2)

(b) Traumatic Conditions

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(ii) Spondylolysis/ Spondylolisthesis

(iii) Compression fracture of vertebra

(iv) Intervertebral Disc Prolapse

(v) 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

7. Deformities of the upper limbs or their parts will be cause for rejection. Candidate with an amputation of a limb will not be accepted for entry. Amputation of terminal phalanx of little finger on both sides is, however, acceptable.

8. **Healed Fractures**

(a) 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.

(b) 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.

(c) 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: -

(i) No evidence of mal alignment/malunion

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(ii) No neuro vascular deficit

(iii) No soft tissue loss

(iv) No function deficit

(v) No evidence of osteomyelitis/sequestra formation

(d) Fracture of the upper limb, presenting 06 months after the injury with none of the sequelae as mentioned above are acceptable after assessment by orthopaedic surgeon.

9. Fingers and Hands.

(a) **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, scar is supple and there is no evidence of neuroma on clinical examination.

(b) **Simple syndactyly** Can be assessed for fitness 12 weeks post op. Can be declared fit if there is no bony abnormality (X-Ray), 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 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.

(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 PIP and MCP joint which can result in compromised hand function. Normal range of movement at DIP joints is 0-80 degree & 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.

(f) 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.

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

10. 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.

11. Elbow.

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.

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(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.

12. CubitusVarus of > 5 degree will be unfit.

13. **Cubitus recurvatum** Cubitus recurvatum > 10 degrees is unfit

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

15. **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

16. 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.

17. Hallux rigidus is unfit for service.

18. 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.

19. Loss of any digits/ toes entails rejection.

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

21. **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 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.

22. **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.

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

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

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

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

27. **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.

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

29. Peripheral Vascular System

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

(b) 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.

(c) Lymphoedema. History of past/ current disease makes the candidate unfit.

CENTRAL NERVOUS SYSTEM

1. A candidate giving a history of mental illness/ psychological afflictions requires detailed investigation and psychiatric referral. Such cases should normally be rejected. Most often the history is not volunteered. The examiner should try to elicit a history by direct questioning, which may or may not be fruitful. Every examiner should form a general impression of the candidate's personality as a whole and may enquire into an individual's stability and habitual reactions to difficult and stressful situations. Family history and prior history of using medication is also relevant.

2. History of insomnia, phobias, nightmares or frequent sleepwalking or Bedwetting, when recurrent or persistent, will be a cause for rejection.

3. Common types of recurrent headaches are those due to former head injury or migraine. Other forms of occasional headache must be considered in relation to their probable cause. A candidate with migraine, which was severe enough to make him consult his doctor, should normally be a cause for rejection. Even a single attack of migraine with visual disturbance or Migrainous epilepsy is to be made unfit.

4. History of epilepsy in a candidate is a cause for rejection. Convulsions/ fits after the age of five are also a cause for rejection. Convulsions in infancy may not be of ominous nature provided it appears that the convulsions were febrile convulsions and were not associated with any overt neurological deficit. Causes of epilepsy include genetic factors, traumatic brain injury, stroke, infection, demyelinating and degenerative disorders, birth defects, substance abuse and withdrawal seizures. Enquiry should not be limited only to the occurrence of major attacks. 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 e.g. fainting in school are of common occurrence and may have little significance. Complex partial seizures, which may manifest as vegetative movements as lip smacking, chewing, staring, dazed appearance and periods of unresponsiveness, are criteria for making the candidate unfit.

5. 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.

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6. A history of severe head injury is a cause for rejection. Other sequelae of head injury like post-concussion syndrome, focal neurological deficit and post traumatic epilepsy should be noted which may be associated with subjective symptoms of headache, giddiness, insomnia, restlessness, irritability, poor concentration and attention deficits. Post traumatic neuropsychological impairment can also occur which includes deficits in attention concentration, information processing speeds, mental flexibility and frontal lobe executive functions and psychosocial functioning. Neuropsychological testing including pyschometry can assess these aspects. It is important to realize that sequelae may persist for considerable period and may even be permanent. Fracture of the skull need not be a cause for rejection unless there is a history of associated intracranial damage or any residual bony defect in the calvaria.

7. When there is a history of severe injury or an associated convulsive attack, an electroencephalogram should be carried out which must be normal. Presence of burr holes will be cause for rejection for flying duties, but not for ground duties. Each case is to be judged on individual merits. Opinion of Neurosurgeon and Psychiatrist must be obtained before acceptance.

8. 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 should entail rejection and the candidate should be referred to the psychiatrist for further evaluation.

9. If a family history of epilepsy is admitted, an attempt should be made to determine its type. When the condition has occurred in a near (first degree) relative, the candidate may be accepted, if he has no history of associated disturbance of consciousness, neurological deficit or higher mental functions and his electroencephalogram is completely normal.

10. The assessment of emotional stability must include family and personal history, any indication of emotional instability under stress as evidenced by the occurrence of undue emotionalism as a child or of any previous nervous illness or breakdown. The presence of stammering, tic, nail biting, excessive hyperhydrosis or restlessness during examination could be indicative of emotional instability and should be made unfit.

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

12. **Psychoneurosis**. Mentally unstable and neurotic individuals are unfit for commissioning. Juvenile and adult delinquency, history of nervous breakdown or chronic ill-health is causes for rejection. Particular attention should be paid to such factors as unhappy childhood, poor family background, truancy, juvenile and adult delinquency, poor employment and social maladjustment records, history of nervous breakdown or chronic ill-health, particularly if these have interfered with employment in the past.

13. Any evident neurological deficit should call for rejection.

14. Tremors are rhythmic oscillatory movements of reciprocally innervated muscle groups. Two categories are recognized: normal or physiologic and abnormal or pathologic. Fine tremor is present in all contracting muscle groups, it persists throughout the waking state, the movement is fine between 8 to 13 Hz. Pathologic tremor is coarse, between 4 to 7 Hz and usually affects the distal part of limbs. Gross tremors are generally due to enhanced physiological causes where, at the same frequency, the amplitude of the tremor is grossly enhanced and is elicited by outstretching the arms and fingers which are spread apart. This occurs in cases of excessive fright, anger, anxiety, intense physical exertion, metabolic disturbances including hyperthyroidism, alcohol withdrawal and toxic effects of lithium, smoking

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(nicotine) and excessive tea, coffee. Other causes of coarse tremor are Parkinsonism, cerebellar tremors (intentional tremors), essential (familial) tremor, tremors of neuropathy and postural or action tremors.

15. Candidates with stammering will not be accepted for Air Force duties. Careful assessment by ENT Specialist, Speech therapist, psychologist/ psychiatrist may be required in doubtful cases.

16. **Basal Electroencephalogram (EEG).** EEG is to be recorded for candidates for aircrew duties only in case there is a history of epilepsy in the family, past history of head injury and/or any other psychological or neurological abnormality noted in the past. These aspects will be carefully enquired into. In case of other candidates also, EEG can be taken if indicated or considered necessary by the medical examiner. Those with following EEG abnormalities in resting EEG or EEG under provocative techniques will be rejected for aircrew duties: -

(a) **Background Activity.** Focal, excessive and high amplitude beta activity/hemispherical asymmetry of more than 2.3 Hz/generalized and focal runs of slow waves approaching background activity in amplitude.
(b) **Hyperventilation.** Paroxysmal spikes and slow waves/spikes/focal spike pattern.
(c) **Photo Stimulation.** Bilaterally synchronous or focal paroxysmal spikes and slow waves persisting in post-photic stimulation period/suppression or driving response over one hemisphere.

17. Non specific EEG abnormality will be acceptable provided opinion of Neuropsychiatrist/ Neurophysician is obtained. The findings of EEG will be entered in AFMSF-2. In case an EEG is reported as abnormal, the cadet would be referred to CHAF (B) for a comprehensive evaluation by neurophysician followed by review by a Board at IAM IAF.

18. Hyperstosis frontalis interna. Will be considered fit in the absence of any other metabolic abnormality

EAR, NOSE AND THROAT

1. History.Any significant history of otorrhoea, hearing loss, vertigo including motion sickness, tinnitus etc is to be elicited.

2. Nose and Para-nasal Sinuses. The following entails rejection:

(a) Gross external deformity of nose causing cosmetic deformity may be rejected if it adversely impacts military bearing. However, minor deformities of dorsum and nasal tip should not be a cause of rejection.

(b) Obstruction to free breathing as a result of a marked septal deviation. Post corrective surgery with residual mild deviation with adequate airway patency will be acceptable.

(c) 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.

(c) Atrophic rhinitis.

(d) Any history/clinical evidence suggestive of allergic rhinitis/ vasomotor rhinitis will entail rejection.

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

(g) 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.

3. **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.

(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.

4. **Pharynx and Larynx**. The following conditions will entail rejection:

(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.

5. 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.

6. The presence of tinnitus necessitates investigation of its duration, localization, severity and possible causation. Persistent tinnitus is a cause for rejection, as it is liable to become worse through exposure to noise and may be a precursor to Otosclerosis and Meniere's disease.

7. 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.

8. A candidate with a history of dizziness needs to be investigated thoroughly.

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

(a) Any reduction less than 600 cm in CV/ FW.

(b) Wherever PTA is indicated and thresholds are obtained, the audiometric loss greater than 20 db, in frequencies between250 and 8000 Hz.

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(c) Free field hearing loss is a cause for rejection.

Note: In evaluating the audiogram, the baseline zero of the audiometer and the environmental noise conditions under which the audiogram has been obtained should be taken into consideration. On the recommendation of an ENT Specialist, an isolated unilateral hearing loss up to 30 db may be condoned provided ENT examination is otherwise normal.

10. **Ears.** A radical/modified radical mastoidectomy entails rejection even if completely epithelialised and good hearing is preserved. Cases of cortical mastoidectomy in the past with the tympanic membrane intact, normal hearing and presenting no evidence of disease may be accepted.

11. **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) Exostoses, atreisa/ narrowing of EAM or neoplasm preventing a proper examination of the ear drum.

(d) Exaggerated tortuosity of the canal, obliterating the anterior view of the tympanic membrane will be a cause for rejection.

(e) Granulation or polyp in external auditory canal.

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 histopathological report is suggestive of a neoplasia or HRCT temporal bone is suggestive of partial removal or deep extension, it would entail rejection

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

(a) **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 effecting 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 Chronic Otitis Media will entail permanent rejection.

(a) Attic, central or marginal perforation.
(b) Tympanosclerosis or scarring affecting >50 % of the Pars Tensa of TM is unfit even if PTA and tympanometry are normal. Evidence of healed chronic Otitis Media in the form of Tympanosclerosis or scarrign affecting <50 % of Pars Tensa of TM will be assessed by ENT spl and will be acceptable if PTA and tympanometry are normal. A trial of decompression chamber may be carried out, if indicated, for aircrew, ATC/FC, submariners/divers.
(c) Any residual perforation in cases of old otitis media.
(d) Marked retraction or restriction in TM mobility on pneumatic otoscopy.
(e) Any hearing impairment on forced Whisper test.
(f) Deranged pure tone audiometry thresholds.
(g) Tympanometry showing patterns other than Type 'A' tympanogram.

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(h) Any implanted hearing devices e.g. cochlear implants, bone anchored hearing aids etc.

(i) After middle ear surgeries viz. stapedectomy, ossiculoplasty, any type of canal-wall down mastoidectomy.

Note: Healed healthy scars of neo-tympanic membrane involving <50 % of Pars Tensa due to Type 1 Tympanoplasty (with or without Cortical Mastoidectomy) for Chronic Otitis Media (Mucosal type) and Myringotomy (for Otitis Media with Effusion) may be acceptable if PTA, Tympanoplasty are normal. Assessment of operated cases will be done only after a minimum of 12 weeks. A trial in Decompression Chamber may be carried out, if indicated, for aircrew, ATC/FC, submariners/ divers.

13. **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

1. Visual defects and medical ophthalmic conditions are amongst the major causes of rejection from flying duties. Therefore, a thorough and accurate eye examination is of great importance for all candidates, especially those for flying duties.

2. **Personal and Family History and External Examination**

(a) Squint and the need for spectacles for other reasons are frequently hereditary and a family history may give valuable information on the degree of deterioration to be anticipated. Candidates, who are wearing spectacles or found to have defective vision, should be properly assessed. All cases of squint should be made unfit by recruiting MO and by Specialist. Individuals with manifest squint are not acceptable for commissioning. However, small horizontal latent squint/ Phoria i.e. Exophoria/ Esophoria may be considered fit by the specialist along with Grade III BSV. Hyperphoria/ Hypophoria or cyclophoria are to be made unfit.

(b) **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 the following criteria: -

(i) Mild ptosis

(ii) Clear visual axis

(iii) Normal visual field

(iv) No sign of aberrant degeneration/ head tilt

(b) **Exotropia** Unfit

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

(e) **Heterochromia irides**: Unfit

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

(g) **Pseudophakia**: Unfit

(h) Candidates with uncontrollable blepharitis, particularly with loss of eyelashes, are generally unsuitable and should be rejected. Severe cases of blepharitis and chronic conjunctivitis should be assessed as temporarily unfit until the response to treatment can be assessed.

(j) These cases of Ectropion/ Entropion are to be made unfit. 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) All cases of progressive pterygium to be made unfit by recruiting MO and specialist. Regressive non vascularisedpterygium likely to be stationary occupying ≤ 1.5 mm of the peripheral cornea may be made fit by eye spl after measurement on a slit lamp.

(l) All cases of nystagmus are to be made unfit except for physiologic nystagmus.

(m) Naso-lacrymal occlusion producing epiphora or a mucocele entails rejection, unless surgery produces relief lasting for a minimum of six months and the post op syringing is patent.

(n) Uveitis (iritis, cyclitis, and choroiditis) is frequently recurrent, and candidates giving a history of or exhibiting this condition should be carefully assessed. When there is evidence of permanent lesions such candidates should be rejected.

(o) Corneal scars, opacities will be cause for rejection unless it does not interfere with vision. Such cases should be carefully assessed before acceptance, as many conditions are recurrent.

(p) **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 0 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).

(q) **Optic Nerve Drusen** Unfit

(i) **High Cup- Disc ratio**: Candidate will be declared Unfit if any of the fwg conditions exist:

(ii) Inter –Eye asymmetry in cup Disc ratio > 0.2

(iii) Retinal Nerve fibre Layer (RNFL) defect seen by RNFL analysis on OCT

(iv) Visual Field defect detected by visual Field Analyser

(r) Visual disturbances associated with headaches of a migrainous type are not a strictly ocular problem, and should be assessed in accordance with para 3 of Central Nervous System Section mentioned above. Presence of diplopia or detection of nystagmus requires proper examination, as they can be due to physiological reasons.

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(s) Night blindness is largely congenital but certain diseases of the eye exhibit night blindness as an early symptom and hence, proper investigations are necessary before final assessment. 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 'B'** to this notification. A proven case of night-blindness is unfit for service.

(t) Restriction of movements of the eyeball in any direction and undue depression/ prominence of the eyeball requires proper assessment.

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

(v) Lattice: The following lattice degeneration 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 degeneration posterior to equator

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.

(w) Keratoconus: Keratoconus is Unfit.

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

4. **Myopia**. If there is a strong family history of Myopia, particularly if it is established that the visual defect is recent, if physical growth is still expected, or if the fundus appearance is suggestive of progressive myopia, even if the visual acuity is within the limit prescribed, the candidate should be declared unfit.

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5. **Refractive Surgeries.** Candidates who have undergone Keratorefractive Surgeries (Photo Refractive Keratotomy (PRK), Laser in-situ Keratomileusis (LASIK), Femto LASIK, SMILE or equivalent procedures) may be considered fit for commissioning in the Air Force in all branches. Residual refraction after such procedure should not be more than +/- 1.0 D Sph or Cyl for branches where correctable refractory errors are permitted. The following criteria must be satisfied prior to selecting such candidates: -

(i) Individuals with high refractive errors (>6D) prior to Keratorefractive Surgery are to be excluded.

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

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

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

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

6. Radial Keratotomy (RK) surgery for correction of refractive errors is not permitted for any Air Force duties. Candidates having undergone cataract surgery with or without IOL implants will also be declared unfit.

OCULAR MUSCLE BALANCE

7. Individuals with manifest squint are not acceptable for commissioning. 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. Average is from 6.5 to 8 cm. It is poor at 10 cm and above.

(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*

8. 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. For example, cases just beyond the maximum limits of the

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Maddox Rod test, but who show a good binocular response, a good objective convergence with little difference from subjective convergence, and full and rapid recovery on the cover tests may be accepted. On the other hand, cases well within Maddox Rod test limits, but who show little or no fusion capacity, incomplete or no recovery on the cover tests, and poor subjective convergence should be rejected. Standards for assessment of Ocular Muscle Balance are detailed in **Appendix 'D'** to notification.

9. 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 'B'

[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 'C'

(para 3 above of Ophthalmology standards)

VISUAL STANDARDS 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 cadets at 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*

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

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

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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 'D'
(para 8 above of
Ophthalmology standards)

STANDARD OF OCULAR MUSCLE BALANCE FOR FLYING DUTIES

Sl. No.	*Test*	*Fit*	*Temporary Unfit*	*Permanently Unfit*
1	*Maddox Rod Test at 6 meters*	*Exo-6 Prism D Eso -6 Prism D Hyper-1 prism D Hypo- 1 prism D*	*Exo- Greater than 6 prism D Eso- Greater than 6 prism D Hyper- Greater than 1 prism D Hypo- Greater than 1 prism D*	*Uniocular suppression Hyper/ Hypo more than 2 prism D*
2	*Maddox Rod Test at 33 cm*	*Exo-16 Prism D Eso- 6 Prism D Hyper- 1 Prism D Hypo- 1 Prism D*	*Exo - Greater than 16 prism D Eso - Greater than 6 prism D Hyper Greater than 1 prism D Hypo Greater than 1 prism D*	*Uniocular suppression Hyper/ Hypo more than 2 prism D*
3	*Hand held Stereoscope*	*All of BSV grades*	*Poor Fusional reserves*	*Absence of SMP, fusion Stereopsis*
4	*Convergence*	*Up to 10 cm*	*Up to 15 cm with effort*	*Greater than 15 cm with effort*
5	*Cover test for Distance and Near*	*Latent divergence / convergence recovery rapid and complete*	*Compensated heterophoria/ trophia likely to improve with treatment / persisting even after treatment*	*Compensated heterophoria*

HAEMOPOIETIC SYSTEM

1. History of easy fatiguability, general weakness, petechiae/ ecchymosis, bleeding from gums and alimentary tract, persistent bleeding after minor trauma and menorrhagia in case of females should be carefully elicited. All candidates should be examined for clinical evidence of pallor (anaemia), malnutrition, icterus, peripheral lymphadenopathy, purpura, petechiae/ ecchymoses and hepatosplenomegaly.

2. In the event of laboratory confirmation of anaemia (<13g/dl in males and <11.5g/dl in females), further evaluation to ascertain type of anaemia and aetiology has to be carried out. This should include a complete haemogram (to include the PCV MCV, MCH, MCHC, TRBC, TWBC, DLC, Platelet count, reticulocyte count and ESR) and a peripheral blood smear. All the other tests to establish the aetiology will be carried out, as required. Ultrasonography of abdomen for gallstones, upper GI Endoscopy/ proctoscopy and hemoglobin electrophoresis etc. may be done, as indicated, and the fitness of the candidate, decided on the merit of each case.

3. Candidates with mild microcytic hypochromic (Iron deficiency anaemia) or dimorphic anaemia (Hb < 10.5g/dl in females and < 11.5g/dl in males), in the first instance, may be made temporarily unfit for a period of 04 to 06 weeks followed by review thereafter. These candidates can be accepted, if the complete haemogram and PCV, peripheral smear results are within the normal range. Candidates with macrocytic/ megaloblastic anaemia will be assessed unfit.

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4. 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.

5. In the presence of history of haemorrhage into the skin like ecchymosis/ petechiae, epistaxis, bleeding from gums and alimentary tract, persistent bleeding after minor trauma or lacerations/ tooth extraction or menorrhagia in females and any family history of haemophilia or other bleeding disorders a full evaluation will be carried out. These cases will not be acceptable for entry to service. All candidates with clinical evidence of purpura or evidence of thrombocytopenia are to be considered unfit for service. Cases of Purpura Simplex (simple easy bruising), a benign disorder seen in otherwise healthy women, may be accepted.

6. Candidates with history of haemophilia, von Willebrand's disease, on evaluation, are to be declared unfit for service at entry level.

7. **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.

8. **Eosinophilia.** Absolute eosinophil counts greater than or equal to 500/cu mm is deemed unfit.

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

DENTAL FITNESS STANDARDS

1. The examiner should enquire whether the candidate has any past history of major dental procedures or alterations. Significant past history of ulceration or infection of the tongue, gums or throat should be documented. History suggestive of premalignant lesions or pathologies that are prone for recurrence should be elicted.

2. Dental Standards. The following dental standards are to be followed and candidates whose dental standard does not conform to the laid down standards will be rejected:-

(a) Candidate must have a 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) Each incisor, canine 1st and 2nd premolar will have a value of one point provided their corresponding opposite teeth are present.

(c) Each 1st and 2nd molar and well developed 3rd molar will have the value of two points, provided in good opposition to corresponding teeth in the opposing jaw.

(d) In case 3rd molar is not well developed, it will have a value of one point only.

(e) When all the 16 teeth are present in the upper jaw and in good functional opposition to corresponding teeth in the lower jaw, the total value will be 20 or 22 points according to whether the 3rd molars are well developed or not.

(f) All removable dental prosthesis will be removed during oral examination and not be awarded any dental points except in the case of ex-serviceman applying for re-enrolment, who will be awarded dental points for well fitting removable prostheses.

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3. **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) Temporomandibular joint (TMJ). TMJs will be bilaterally palpated for tenderness and/or clicking. Candidates with symptomatic clicking and/or tenderness or dislocation of the TML 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.

4. **Guidelines for awarding dental points in special situations**

(a) **Dental caries.** Teeth with caries that have not been restored or teeth associated 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, i.e. pink in colour, firm in consistency and firm in consistency and firmly resting against the necks of the teeth. Visible calculus should not be present.

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

(iii) Candidates with generalized calculus, extensive swollen and red gums, with or without exudates, shall be rejected.

(g) **Malocclusion.** Candidates with malocclusion affecting masticatory efficiency and phonetics shall not be recruited. 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

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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) **Orthotic 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.** When an implant supported crown replaces a single missing tooth, the prosthesis may be awarded dental points as for natural teeth provided the prosthesis is in functional apposition and the integrity of the implant is confirmed.

(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 as follows:

(i) Tooth supported FPDs

(aa) Prosthesis, 3 units. Dental points will be awarded for the abutments and the pontic.

(ab) Prosthesis, more than 3 units. Dental points will be awarded only to the abutments. No points will be awarded for the pontics.

(ac) Cantilever FDPs. Dental points will be awarded only to the abutments.

(ii) Implant supported FPDs

(aa) Prosthesis, 3 units. Dental points will be awarded for the natural teeth, implant and the pontic.

(ab) Prosthesis, more than 3 units. Dental points will be awarded only to the natural teeth. No points are to be awarded for pontics and implant(s).

(ac) Two unit cantilever FPDs. Dental points will be awarded only to the implants.

(m) A maximum of 02 implants will be permitted in a candidate. No points will be given for implants/implant supported prosthesis in excess of the 02 permissible implants. In the case of a candidate having 03 more implants/implant supported prosthesis, which 02 are to be awarded marks will be based on the clinical judgment of the dental officer.

5. **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/ maxillofacialtrauma.** 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.

1. Please visit www.joinindianarmy.nic.in for Medical Standards and Procedure of Medical Examination of Officers' Entry into Army as applicable.

2. Please visit www.joinindiannavy.gov.in for Medical Standards and Procedure of Medical Examination of Officers' Entry into Navy as applicable.

3. Please visit www.careerindianairforce.cdac.in for Medical Standards and Procedure of Medical Examination of Officers' Entry into Air Force as applicable.

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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. Commandant Selection Centre will be competent authority for clearing such cases.

APPENDIX-V

(Brief particulars of service etc.)
Pay scale of Army Officers and equivalent ranks in Air Force and Navy

Pay

Rank	**Level**	**(Pay in Rs.)**
Lieutenant	Level 10	56,100 -1,77,500
Captain	Level 10 B	61,300- 1,93,900
Major	Level 11	69,400 – 2,07,200
Lieutenant Colonel	Level 12A	1,21,200 – 2,12,400
Colonel	Level 13	1,30,600-2, 15,900
Brigadier	Level 13A	1,39,600-2,17,600
Major General	Level 14	1,44,200-2,18,200
Lieutenant General HAG Scale	Level 15	1, 82, 200-2,24,100
HAG+Scale	Level 16	2,05,400 – 2,24,400
VCOAS/Army Cdr/ Lieutenant General (NFSG)	Level 17	2,25,000/-(fixed)
COAS	Level 18	2,50,000/-(fixed)

MSP to the officer is as follows:-

Military Service Pay(MSP) to the officers from the rank of Lieutenant to Brigadier	Rs 15.500 p.m. fixed

Fixed Stipend for cadet Training:-

Stipend to Officers Cadets during the entire duration of training in Service academies i.e. during training period at IMA and OTA.	Rs 56,100/-p.m.* (Starting pay in Level 10)

*On successful commissioning, the pay in the Pay matrix of the Officer commissioned shall be fixed in first Cell of Level 10 and the period of training shall not be treated as commissioned service and arrears on account of admissible allowances, as applicable, for the training period shall be paid to cadets.

QUALIFICATION PAY AND GRANT

(i) **Qualification Grant**
Abolished as a separate allowance. Eligible employees to be governed by newly proposed Higher Qualification Incentive (HQI). Order for HQI is yet to be issued by MoD.

(ii) Other Allowances:-

(a)	Dearnes Allowance	Admissible at the same rates and under the same condition as are applicable to the civilian personnel from time to time
(b)	Kit maintenance allowance	Subsumed into the newly proposed Dress Allowance i.e Rs 20,000/-per year

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RH matrix Offr ₹ 42500 Siachen Allce		HARDSHIP		
		HIGH	**MEDIUM**	**LOW**
RISK	**HIGH**	**R1H1** Offr ₹ 25000 • Flying allowance • MARCOS and chariot Allce • Special Forces Allces • Submarine Allce • COBRA Allce • High altitude Allce Cat III	**R1H2** Offr ₹ 16900 • HAFA Allce • Cl(fd) Allce (Cl) Mod Fd @77% of Cl(Fd)	**R1H3** Offr ₹ 5300 • Hosp Patient Care Allce(HPCA) • Patient Care Allce (PCA) • Test Pilot and Flt Engr Allce
	MEDIUM	**R1H1** Offr ₹ 16900 NIL	**R1H2** Offr ₹ 10500 • Fd Area Allce (Mod Fd Area @ 60% of Fd Area Allce) • Cl (Peace) Allce • Sea Going Allce • Free Fall Jump Instr Allce • Para Jump Instr Allce • Para Allce	**R1H3** Offr ₹ 3400 NIL
RISK	**LOW**	**R1H1** Offr ₹ 5300 • High Altitude Allce Cat II • Tough Location Allce-I • Boiler Watch Keeping Allce • Submarine Duty Allce	**R1H2** Offr ₹ 3400 • High Altitude Allce – Cat I • Tough Location Allce-II • Project Allce • Compensatory(Const or Svy) Allce • Hydro Svy Allce (except non-surveyors)	**R1H3** Offr ₹ 1200 • Tough Location Allce-III • Cooking Allce • Hardlying Money (Full Rate) • Health and Malaria Allce • Special LC Gate Allce • Submarine Tech Allce • Hydro Svy Allce (for non-sureyors)

(iii) Uniform allowance

Subsumed into the newly proposed Dress Allowance i.e. Rs. 20,000/- per year.

(iv) Free Rations

In Peace and Field areas

(v) Transport Allowance (TPTA).

Pay Level	Higher TPTA Cities (Rs. Per month)	Other Places (Rs. Per month)
9 and above	Rs. 7200+DA thereon	Rs. 3600+DA thereon

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Note :-

(a) **Higher Tpt Cities (UA).** Hyderabad, Patna, Delhi, Ahmadabad, Surat, Bengaluru, Kochi, Kozhikode, Indore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Coimbatore, Ghaziabad, Kanpur, Lucknow, Kolkata.
(b) The allowance shall not be admissible to those service personnel who have been provided with the facility of Government transport.
(c) Officers in Pay Level 14 and above, who are entitled to use official car, will have the option to avail official car facility or to draw the TPTA at the rate of Rs. 15,750+DA per month.
(d) The allowance will not be admissible for the calendar month(s) wholly covered by leave.
(e) Physically disabled service personnel will continue to be paid at double rate, subject to a minimum of Rs. 2250 + DA per month.

(ix) **Children Education Allowance.** Rs. 2250/- per month per child for two eldest surviving only. CEA is admissible from Nursery to 12th classes.
(i) Reimbursement should be done just once a year, after completion of the financial year (which for most schools coincides with the Academic year).
(ii) Certificate from the head of institution where the ward of government employee studies should be sufficient for this purpose. The certificate should confirm that the child studied in the school during the previous academic year.

In the case of allowances specific to Defence Forces, the rates of these allowances would be enhanced by 25% automatically each time the Dearness Allowance payable on the revised pay band goes up by 50% (GoI letter No. A-27012/02/2017-Estt(AL) dated 16 August 2017).
(iii) Please note that pay and allowances and rules/provisions thereof are subject to revision from time to time

(A) FOR CANDIDATES JOINING THE INDIAN MILITARY ACADEMY, DEHRADUN:

1. Before the candidate joins the Indian Military Academy.

(a) He will be required to sign a certificate to the effect that he fully understands that he or his legal heirs shall not be entitled to claim any compensation or other relief from the Government in respect of any injury which he may sustain. In the course of or as a result of the training or where bodily infirmity or death results in the course of or as a result of a surgical operation performed upon or anaesthesia administrated to him for the treatment of any injury received as aforesaid or otherwise.
(b) His parent or guardian will be required to sign a bond to the effect that if for any reason considered within his control, the candidate wishes to withdraw before the completion of the course or fails to accept a commission if offered; he will be liable to refund the whole or such portion of the cost of tuition, food, clothing and pay & allowances, received as may be decided upon by Government.

2. Candidates finally selected will undergo a course of training for about 18 months. Candidates will be enrolled under the Army Act as Officers cadets. Officers cadets will be dealt with the ordinary disciplinary purposes under the rules and regulations of the Indian Military Academy, Dehradun.

3. While, the cost of training including accommodations, books, uniforms, boarding and medical treatment will be borne by Government, candidates will be expected to meet their pocket expenses themselves. The minimum expenses at the Indian Military Academy are not likely to exceed Rs. 200.00 per month. If a cadet's parent or guardian

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is unable to meet wholly or partly even this expenditure financial assistance may be granted by the Government. Officers Cadets undergoing training at Indian Military Academy, Officers' Training Academy and corresponding training establishments in Navy and Air Force, in whose cases the income of parents/guardians does not exceed Rs. 1,500/- (under revision) per month are eligible for financial assistance. In case of parents/guardians whose income exceeds Rs. 1,500/- (under revision) per month but does not exceed Rs. 2,000/- (under revision) per month, the same financial assistance will be given in respect of all the sons/wards if there are more than one son/ward simultaneously undergoing training in one or more than one of the above institutions irrespective of the fact whether the institutions are under the same service or not. The immovable property and other assets and income from all sources are also taken into account for determining the eligibility for financial assistance.

The parent/guardian of a candidate desirous of having any financial assistance, should, immediately after his son/ward has been finally selected for training at the Indian Military Academy, submit an application through the District Magistrate of his District who will with his recommendation forward the application to the Commandant, Indian Military Academy, Dehradun.

4. Candidate finally selected for training at the Indian Military Academy will be required to deposit the following amount with the Commandant on arrival :

(a) Pocket allowance for five months @ Rs. 200.00 per month.	Rs. 1,000.00/-
(b) For item of clothing and equipment	Rs. 2,750.00/-
Total	Rs. 3,750.00/-

Out of the amount mentioned above the following is refundable to the cadets in the event of financial assistance being sanctioned to them.

Pocket allowance of five months Rs. 1,000.00/-
@ Rs. 200.00 per month.

5. The following Scholarships are tenable at the Indian Military Academy :

(i) PARSHURAM BHAU PATWARDAN SCHOLARSHIP—This scholarship is awarded to cadets from MAHARASHTRA AND KARNATAKA. The value of one scholarship is upto a maximum of Rs. 500.00 per annum for the duration of a cadet's stay at the Indian Military Academy subject to the cadet's making satisfactory progress. The cadets who are granted this scholarship will not be entitled to any other financial assistance from the Government.

(ii) COLONEL KENDAL FRANK MEMORIAL SCHOLARSHIP—This scholarship is of the value of Rs. 360.00 per annum and is awarded to an eligible Maratha cadet who should be a son of ex-serviceman. The Scholarship is in addition to any financial assistance from the Government.

6. An outfit allowance at the rate and under the general conditions applicable at the time for each cadet belonging to the Indian Military Academy will be placed at disposal of the Commandant of the Academy. The unexpended portion of the allowance will be :—

(a) handed over to the cadet on his being granted a commission or

(b) if he is not granted a commission refunded to the State.

On being granted a commission article of clothing and necessaries purchased from the allowance shall become the personal property of the cadet. Such articles will, however be withdrawn from a cadet who resigns while under training or who is removed or withdrawn prior to commissioning. The article withdrawn will be disposed of to the best advantage of the State.

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7. No candidate will normally be permitted to resign whilst under training. However, Officers Cadet resigning after the commencement of training may be allowed to proceed home pending acceptance of their resignation by HQ ARTRAC. Cost of training, messing and allied services will be recovered from them before their departure. They and their parents/guardians will be required to execute a bond to this effect before the candidates are allowed to join Indian Military Academy. An Officers Cadet who is not considered suitable to complete the full course of training may with permission of the Government, be discharged after paying the cost of Training laid down by the Govt of India. Service candidates under these circumstances will be reverted back to their parent Unit.

8. Commission will be granted only on successful completion of training. The date of commission will be that following the date of successful completion of training. Commission will be permanent.

9. Pay and allowances, pensions, leave and other conditions of service after the grant of commission will be identified with those applicable from time to time to regular officers of the army.

10. Training : At the Indian Military Academy Army Cadets, known as Officers Cadets, are given strenuous Military training for a period of 18 months aimed at turning out, officers capable of leading infantry subunits. On successful completion of training Officers Cadets are granted Permanent Commission in the rank of Lt. subject to being medically fit, in S.H.A.P.E.

11. Army Group Insurance Fund (AGIF). The Officers Cadets when in receipt of stipend are insured for ₹ One Cr as applicable to officers of the regular Army. Subscription at the rate of ₹ 10,000 will have to be paid in advance on monthly basis by the Officers Cadets to become members under the AGI Scheme as applicable to Regular Army Officers. For those who are invalidated out by IMB on account of disability and not entitled to any pension will be provided ₹ 25 lakhs for 100 percent disability. This will be proportionately reduced to ₹ 5 lakhs for 20 percent disability. However, for less than 20 percent disability, an ex-gratia grant of ₹ 50,000/- only will be paid. Disability due to alcoholism, drug addiction and due to diseases of pre-enrolment origin will not qualify for disability benefit and Ex-Gratia Grant. In addition, Officers Cadets withdrawn on disciplinary grounds, expelled as an undesirable or leaving the Academy voluntarily will not be eligible for disability benefits and Ex-Gratia.

12. The following monetary benefits are available to the Cadets (Direct)/NoKs in the event of invalidment on medical grounds/death of a Cadet (Direct) due to causes attributable to or aggravated by military training :

(A) In Case of Disablement

(i) Monthly Ex-gratia amount of Rs. 9,000/- per month.

(ii) Ex-gratia disability award @ Rs. 16,200/- per month shall be payable in addition for 100% of disability during period of disablement subject to prorata reduction in case the degree of disablement is less than 100%. No disability award shall be payable in cases where the degree of disablement is less than 20%.

(iii) Constant Attendant Allowance (CAA) @ Rs. 6750/- per month for 100% disabled on the recommendation of invaliding Medical Board (IMB).

(B) In Case of Death

(i) Ex-gratia amount of Rs.12.5 lakhs to the NoK.

(ii) Ex-gratia amount of Rs. 9,000/- per month to the NoK.

(C) The Ex-gratia awards to Cadets (Direct)/NoK, shall be sanctioned purely on ex-gratia basis and the same shall not be treated as pension for any purpose. However, dearness relief at applicable rates shall be granted on monthly ex-gratia as well as ex-

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gratia disability award. (**Authority : GOI/MOD letter No.17(01)/2017(01)D (Pension/Policy) dated 04 Sep 2017 as amended vide para 11 & 12 of GOI/MOD letter No. 17(02)/2016-D(Pen/Pol) dated 04 Sep 2017**)

13. Terms and Conditions of Service

(i) POSTING

Army officers are liable to serve anywhere in India and abroad.

(ii) PROMOTION

Substantive promotions

The following are the service limits for the grant of the substantive promotion to higher ranks.

By time scale :

Lt.	(On completion of training)
Capt.	2 years of reckonable commissioned service
Major	6 years of reckonable commissioned service
Lt. Col.	13 years of reckonable commissioned service
Col (TS)	26 years of reckonable commissioned service

"The Qualifying service for consideration for promotion by Selection is as under"

Col.	15 years of reckonable commissioned service
Brigadier	23 years of reckonable commissioned service
Major Gen.	25 years of reckonable commissioned service
Lt. Gen.	28 years of reckonable commissioned service
General	No restrictions

(B) FOR CANDIDATES JOINING THE INDIAN NAVAL ACADEMY, EZHIMALA, KERALA

(i) Candidates selected for training at the Indian Naval Academy will be appointed as Cadets under the Graduate Cadet Special Entry Scheme (GSES) Course. The Selection of the cadets is based on the candidate qualifying in the Combined Defence Service Examination (CDSE), followed by SSB interview and Medical Examination. Meritorious candidates who are medically fit are appointed to the 32 vacancies of Executive Branch (General Service/ Hydro) (including 06 for Naval NCC 'C' certificate holding candidates under the NCC Special Entry Scheme).

(ii) Selection of Cadets from the National Cadet Corps. The eligibility, age-limits, educational qualifications for candidates applying under the NCC Special Entry Scheme are the same as the GSES candidates except for the following:-

a) A NCC Cadet must have served for not less than three academic years in the Senior Division, Naval Wing of the National Cadet Corps, and must be in possession of Certificate "C" (Naval). Those who have appeared or intend to appear for certificate "C" examination are also eligible to apply but their final selection shall depend on producing the Certificate before the commencement of the course.

b) The NCC Cadet must be in possession of a certificate of good conduct and character from his University or Principal of his College.

c) A NCC Cadet shall not be eligible to apply after twelve months of leaving the Senior Division, Naval Wing of the National Cadet Corps

d) In order to apply, a cadet must submit his application to his Officer Commanding, N.C.C Unit, Naval Wing, who shall forward it through the Circle Commander concerned to the N.C.C. Directorate, Ministry of Defence, New Delhi. The N.C.C. Directorate will forward the applications to the Chief of the Naval Staff. The applications shall be submitted on the prescribed form. These forms will be available at all N.C.C. Units.

e) Candidates who are considered prima facie suitable shall be required to appear before a Service Selection Board for interview and other tests.

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f) Candidates to be finally selected should at least secure the minimum qualifying marks at the Services Selection Board. Subject to this condition and to their being declared medically fit, successful candidates shall be placed in the order of merit based on the total marks secured in the written examination and the Service Selection Board interview. The final selection shall be made in the order of merit up to the number of vacancies available.

(iii) Candidates, finally selected for training at the Academy will be appointed as cadets in the Executive Branch of the Navy. A sum of Rs. 35,000/- should be brought by them and deposited in the bank account, which they would be opening at the State Bank of India, Ezhimala branch, on arrival. Since it is a large amount, it is advised that they carry a demand draft payable to self. The deposit money would be used to meet the following expenditures:—

(a)	Pocket/Personal expenses	Rs. 5,000/- @ Rs. 1,000/- per month
(b)	Expenses on Laundry, Civilian-bearer, Cinema, hair cutting and other sundry services	Rs. 4,250/- @ Rs. 850/- per month
(c)	Expenses on stitching/purchase of Academy Blazer, Academy tie, Academy Mufti, Academy Sportswear, Jogging shoes, Jungle boots, Swimming Trunk/suits and Satchels.	Rs.20,000/-
(d)	Travelling expenses for proceeding to next duty station/home station on leave on completion of Naval Orientation Course on return Journey at the end of the term.	Rs. 2,000/-

(e) **Insurance:**The GSES cadets would have to pay Rs. 2303/- one time non-refundable contribution for an Insurance cover of Rs. 20,00,000/- (Rupees twenty lakh only) for a period of six months. Their disability cover and contribution if relegated would be at par with Non-GSES cadets (NGIF letter No. BA/GIS/215 dated 06 Nov 2018).

(iv) Training: Selected candidates may be appointed as cadets on reporting at the Indian Naval Academy.

The candidates shall remain under probation till completion of initial training which is as follows:-

(a)	Naval Orientation Course at INA, Ezhimala	44 weeks
(b)	Officers Sea Training at Training Ship	06 months
(c)	Sub-Lieutenant Afloat training	06 months
(d)	Sub-Lieutenant (Technical course) Afloat attachment for award of	33 weeks
e)	Full Naval watch-keeping Certificate	06-09 months

(v) Commissioning & Other Benefits The cadets shall be commissioned in the rank of Sub-Lieutenant after successful completion of approximately 18 months of training. The careers prospects, leave benefits, leave and travel concession, pensionary/retirements benefits and all such perks and privileges provided to officers in the Navy is similar to those being provided by the two services.

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(vi) The cost of training including accommodation and allied services, books, uniform, messing and medical treatment of the cadets of the Indian Naval Academy will be borne by the Government. Parents or guardians of cadets will, however, be required to meet their pocket and other private expenses while they are cadets. When a cadet's parent or guardian has an income less than Rs. 1500 per mensem and is unable to meet wholly or partly the pocket expenses of the cadet financial assistance upto Rs. 140 per mensem may be granted by the Government. A candidate desirous of securing financial assistance may immediately after his selection, submit an application through the District Magistrate of his District, who will with his recommendations, forward the application to the Principal Director of Manpower Planning & Recruitment, Naval Headquarters, New Delhi-110011.

Note : Further information, if desired, may be obtained from the Directorate of Manpower, Planning & Recruitment, Naval Headquarters, New Delhi-110011.

(C) FOR CANDIDATES JOINING THE AIR FORCE ACADEMY

1. There are three modes of entry in F(P) Course viz. CDSE/NCC Special Entry/AFCAT. Candidates who apply for Air Force through more than one source will be tested/ interviewed at Air Force Selection Boards as per type of entry. Common candidate who fail in Computer Pilot Selection System (CPSS) cannot be tested for flying branch in IAF.

2. Detailing for Training—Candidates recommended by the AFSBs and found medically fit by appropriate medical establishment are detailed for training strictly on the basis of merit and availability of vacancies. Separate merit list are prepared for Direct Entry candidates through UPSC and for NCC candidates. The merit list for Direct Entry Flying (Pilot) candidates is based on the combined marks secured by the candidates in the tests conducted by the UPSC and at the Air Force Selection Boards. The merit list for NCC candidates is prepared on the basis of marks secured by them at AFSBs.

3. Training—The approximate duration of training for Flying Branch (Pilots) at the Air Force Academy will be 74 weeks.

Insurance cover during Flying Training—(Rates are under revision).

Air Force Group Insurance Society would pay Rs. 1,00,000/- for a monthly contribution of Rs. 800/- pm as ex-gratia award to the next-of-kin of a flight cadet drawn from Civil life and undergoing flying training in an unfortunate eventuality. In case, flight cadet undergoing flying training is medically invalidated boarded out, he would be paid Rs. 20,000/- as ex-gratia award for 100% disability and this reduces proportionately upto 20%.

Flight Cadets shall receive a fixed stipend of Rs. 56,100/- per month (starting pay in Level 10) for the period of training. "On successful completion of training the stipend admitted will be converted as pay for all purposes. However, the period of training shall not be treated as commissioned service."

Once flight cadets are granted pay and allowances by government, the death cover would be Rs. 50,000/- and the disability cover would be Rs. 25,000/- for 100% disability. This cover would be provided by AFGIS on payment of monthly non-refundable contribution of Rs. 76/- by each flight cadet undergoing flying training for which membership would be compulsory.

Conditions governing Financial Assistance:

(i) While the cost of training including accommodations, books, uniforms, boarding and medical treatment will be borne by Government, candidates will be expected to meet their pocket expenses themselves. The minimum expenses at the Air Force Academy

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are not likely to exceed Rs. 14,000/- (under revision) per mensem. If a cadet's parent or guardian is unable to meet wholly/partly even this expenditure, financial assistance may be granted by the Government. No cadet whose parent or guardian has an income of Rs. 750/- or above per month would be eligible for the grant of the financial assistance. The immovable property and other assets and income from all sources are also taken into account for determining the eligibility for financial assistance. The parent/guardian of a candidate desirous of having any financial assistance, should immediately, after his son/ward has been finally selected for training at the Air Force Academy, submit an application through the District Magistrate of his district who will, with his recommendations, forward the application to the Commandant, Pre Flying Training Courses, Begumpet.

(ii) Candidates finally selected for training at the Air Force Academy will be required to deposit the following amount (under revision) with the Commandant on arrival:—

(a)	Pocket allowance for six months @ Rs. 140/- per month	Rs.840/-
(b)	For item of clothing and equipment	Rs.1,500/-
	Total	Rs.2,340/-

Out of the amount mentioned above the following amount is refundable to the cadets in the event of financial assistance being sanctioned.

Pocket allowance for the six months @ Rs. 140/- per month— Rs. 840/-

4. Career Prospects :

After successful completion of training, the candidates pass out in the rank of Flying Officer and will be entitled to the pay and allowances of the rank. Time scale promotions to the rank of Flight Lieutenant, Squadron Leader, Wing Commander and Group Captain are granted on completion of 2 years, 6 years, 13 years and 26 years of successful service respectively. Grant of Group Captain (select) and higher ranks is only by selections. Promising officers have a fair chance of getting higher promotions to air ranks—Air Commodore, Air Vice Marshal and Air Marshal.

5. Leave and Leave Travel Concession :

Annual Leave—60 days a year.
Casual Leave—20 days a year.

Officers are authorised encashment of Annual Leave upto 10 days alongwith LTC to the extent of a total 60 days in a career span to cover incidental expenses on travel.

Officers when proceeding on annual/casual leave, irrespective of its duration, is entitled for free conveyance from place of duty (unit) to home town and back once in the second year of his service for the first time and thereafter every alternate year to any place in India in lieu of home town or selected place of residence without any distance restriction.

In addition officers of Flying branch employed on regular Flying Duties in vacancies in authorised establishment are allowed, while proceeding on leave once every year on warrant a free rail journey in the appropriate class upto a total distance of 1600 kms. for the forward and return journeys both inclusive.

Officers when travelling on leave at their own expenses are entitled to travel by entitled class or lower class on payment of 60 per cent of the fare for self, wife and children from unit to any place within India on 6 one-way journey Form 'D' in a

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calender year. Two of these Form 'D' may be availed of for the entire family. In addition to wife and children family includes parents, sisters and minor brothers residing with and wholly dependent upon the officers.

6. Other Privileges :

The officers and their families are entitled to free medical aid, accommodation on concessional rent, group insurance scheme, group housing scheme, family assistance scheme, canteen facilities etc.

(D) FOR CANDIDATES JOINING THE OFFICERS TRAINING ACADEMY, CHENNAI

1. Before the candidate join the Officers Training Academy Chennai.

(a) He/she will be required to sign a certificate to the effect that he/she fully understands that he/she or his/her legal heirs shall not be entitled to claim any compensation or other relief from the Government in respect of any injury which he/she may sustain in the course of or as a result of the training or where bodily infirmity or death results in the course of or as a result of a surgical operation performed upon or anaesthesia administered to him/her for the treatment of any injury received as aforesaid or otherwise.

(b) His/her parent or guardian will be required to sign a bond to the effect that if for any reason considered within his/her control, the candidate wishes to withdraw before the completion of the course or fails to accept a commission if offered or marries while under training at the Officers' Training Academy, he/she will be liable to refund the whole or such portion of the cost of tuition, food, clothing and pay & allowances, received as may be decided upon by Government.

2. Candidates finally selected will undergo a course of training at the Officers' Training Academy, for an approximate period of 49 weeks. Candidates will be enrolled as Officers Cadets. Officers Cadets will be dealt with the ordinary disciplinary purposes under the rules and regulations of the Officers' Training Academy.

3. While, the cost of training including accommodations, books, uniforms, boarding and medical treatment will be borne by the government, candidates will be expected to meet their pocket expenses themselves.

The minimum expenses during the pre commission training are not likely to exceed Rs. 200/- per month but if the cadets pursue, any hobbies such as photography, hiking etc. they may require additional money. In case however, the cadet is unable to meet wholly or partly even the minimum expenditure, financial assistance at rates which are subject to change from time to time, may be given provided the cadet and his/her parent/guardian, have an income below Rs. 1500 per month. A ~~candidate~~ desirous of having financial assistance should immediately after being finally selected for training submit an application on the prescribed form through the District Magistrate of his/her district who will forward the application to the Commandant, Officers' Training Academy, Chennai alongwith his/her Verification report.

4. Candidates finally selected for training, at the Officers' Training Academy, will be required to deposit the following amount with the Commandant on arrival:

(a)	Pocket allowance for three month @ Rs. 1,000 per month	Rs. 3,000/-
(b)	For items of clothing and equipment	Rs. 5,000/-
(c)	Group Insurance Coverage for 02 months (AGIF)	Rs. 10,000/-
	Total	Rs. 18,000/-

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Out of the amount mentioned above the amount mentioned in (b) above is refundable to the Cadets in the event of financial assistance being sanctioned to them.

5. Outfit allowance will be admissible under order as may be issued from time to time. On being granted a commission, articles of clothing and necessaries purchased from this allowance shall become the personal property of the cadet. Such articles, will however be withdrawn from a cadet who resigns while under training or who is removed or withdrawn prior to commissioning. The article withdrawn will be disposed of to the best advantage of the State.

6. No candidate will normally be permitted to resign whilst under training. However, Officers Cadets resigning after the commencement of training may be allowed to proceed home pending acceptance of their resignation by HQ ARTRAC. Cost of training, messing and allied services will be recovered from them before their departure. They and their parents/guardians will be required to execute a bond to this effect before the candidates are allowed to join Officers' Training Academy.

7. On joining OTA, cadets will be allowed to apply and proceed for civil central job interview/SSB in the first term of the Training only. However, no cost of training including messing charges will be recovered from these Officers Cadets, who may resign from the Officers Training Academy, Chennai to undergo pre-commission training at the Indian Military Academy, Dehradun or corresponding cadet training establishment in Navy and Air Force, if so selected.

8. A Officers Cadet who is not considered suitable to complete the full course of training may, with permission of Government, be discharged after paying cost of training laid down by the Government of India. An Army candidate under these circumstances will be reverted to his Regiment or Corps.

9. **Training** :
Selected candidates will be enrolled as Officers Cadets and will undergo a course of training at the Officers' Academy for an approximate period of 49 Weeks. On successful completion of training Officers Cadets are granted Short Service Commission in the rank of Lt. From the date of successful completion of training. University of Madras will award "Post Graduate Diploma in Defence Management and Strategic Studies" to all cadets who successfully complete Pre-commissioning training at Officers Training Academy, Chennai. Candidates withdrawn from Officers' Training Academy on disciplinary grounds are not eligible to apply.

10. **Terms and conditions of Services**:

(a) **Period of probation**:
An officer will be on probation for a period of 6 months from the date he/she receives his/her commission. If he/she is reported on within the probationary period as unsuitable to retain his/her commission, he/she may be terminated any time whether before or after the expiry of the probationary period.

(b) **Liability of Service:**
Personnel granted Short Service Commission is liable to serve anywhere in India and abroad on selected appointments as decided by IHQ MOD (Army) from time to time.

(c) Tenure of Appointment:
Short Service Commission will be granted to Male and Female in the regular Army for 14 years i.e. for an initial period of 10 years extendable by a further period of 04 years. Male and Female officers who are willing to continue to serve in the Army after the expiry of period of ten years of Short Service Commission may, if eligible and suitable in all respects, be considered for the grant of Permanent Commission in the 10th year of

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their Short Service Commission in accordance with the relevant policies as issued from time to time.

Those SSC officers (Male and Female) who are not selected for grant of PC but are otherwise considered fit and suitable, will be given options to continue as SSCOs for a total period of 14 years (including the initial tenure of 10 years) on expiry of which they will be released from the Army.

(d) **Special Provision for Release for SSC on completion of 5th Year of Service**:

SSC (Non-Tech) Male & Female Officers, other than those who undergone or are undergoing Degree Engineering Course or any other specialized course of such nature, who are desirous of leaving the service after completion of five years service may, during the fifth year of service, apply to the Army HQs. for release. Army HQ will consider the applications of such officers on merits and the decision of the Army HQ will be final and irrevocable. On approval of such officers will be released from service on completion of 5th year of service. Those SSC (Non-Tech) Male & Female Officers who have undergone or are undergoing Degree Engineering Course or any other specialised course of such nature, will not be released before expiry of full tenure of 14 years unless the cost of training of such specialized course as prescribed is recovered from them. The Combat Aviation Course which is mandatory for Aviators is specialized course for Short Service Commissioned Officers. They will be required to execute a bond to this effect on being nominated for undertaking Degree Engineering Course/Special Course of such nature. In addition to all instructions in force for various courses of instructions, the following restrictions would apply to all SSC Officers for all courses except mandatory course:-

(i) All SSC Officers (Male & Women), less officers of Army Aviation Corps, will be required to give an undertaking before undergoing a 'Specialized/other category' course that they would be willing to serve for minimum five years beyond termination of the course.

(ii) All SSCOs (Male & Women) of Army Aviation Corps will give an undertaking before commencement of the course that they will:-

(aa) Be willing to serve for minimum 12 years beyond termination of the course.

(ab) Be obliged to opt for PRC as well as seek extension when giving undertaking for specialized course.

(e) **Special Provisions during Extended Tenure**:

During extended tenure, they will be permitted to seek release from the Army on the following grounds:—

(i) Taking up civil Job.
(ii) Pursuing higher education.
(iii) Starting own business/joining family business.

(f) **Substantive Promotion** :

SSCOs male and female granted Short Service Commission under these rules will be eligible for substantive promotion as under:—

(i)	To the rank of Capt.	on completion of 2 years reckonable commissioned service
(ii)	To the rank of Major	on completion of 6 years reckonable commissioned service.
(iii)	To the rank of Lt. Col.	on completion of 13 years reckonable commissioned service.

(g) **Mandatory Conditions**:

Mandatory conditions for grant of above substantive ranks laid down for Permanent Commissioned officers as well as the eligibility, time limit and penalties for promotions

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exam Part B and D as applicable to permanent commission officers also be similarly applicable to SSCOs male and female.

h) **Adjustment of Seniority**:

To make adjustment for shorter training of SSC male and female vis-a-vis PC officers, the seniority of SSC male and female officers will be depressed by the period corresponding to the difference in training period between the SSC course under consideration and the training period of its equivalent PC Course. This adjustment of seniority will be carried out at the time of grant of first substantive rank of captain. The revised seniority will have no effect on the pay and allowances granted in the rank of Capt. Major and Lt.Col.

(i) **Reckonable Commissioned Service**:

Subject to provision of Para 10 (h) above, reckonable commissioned service for the purpose of these orders will count from the date of grant of Short Service Commission to an officer. The period of service forfeited by sentence of Court Martial or any summary award under the Army Act and the period of absence without leave will not be reckonable. The period during which furlough rates of pay are drawn and the period of captivity at POWs rates of pay, will be reckonable. The period of service for promotion lost by an officer in consequence of his/her having been granted leave without pay will also be reckonable. Such an officer will, however, become entitled to the pay and allowances of the higher substantive rank granted by the inclusion of this period only from the date on which he/she would have qualified by service if this period had not been so reckoned and not with effect from the date of grant of substantive rank.

(j) **Leave**: Leave will be admissible in accordance with the Leave Rules for the Service Vol. 1-Army as amended from time to time.
For leave, officers will be governed by rules applicable to short Service Commission officers as given in Chapter IV of the Leave Rules for the Service Vol.I-Army. They will also be entitled to leave on passing out of the Officers Training Academy and before assumption of duties under the provision of the Rule 69 ibid.
SSC Women Officers will also be eligible for following kinds of Leave:

(i) **Maternity Leave**: Woman officer of the Army – Rule 56 of Chapter-IV of Leave Rule for the Services Vol.I-Army, Fourth Edition.

(ii) **Child Care Leave :** Woman Officers of the Army – Rule 56A of Chapter-IV of Leave Rules for the Services Vol.I-Army, Fourth Edition as amended vide GOI MoD letter No.B/33922/AG/PS-2(b)/3080/D(AG-II) dated 19 Nov 2018.

(iii) **Child Adoption Leave :** Woman Officers of the Army – Rule 56B of Chapter-IV of Leave Rules for the Services Vol.I-Army, Fourth Edition.

(k) **Termination of Commission**

The Commission of an officer may be terminated at any time by the Government of India for the following reasons:-

(i) For misconduct or if services are found to be unsatisfactory: or
(ii) on account of medical unfitness; or
(iii) if his/her services are no longer required or
(iv) if he/she fails to qualify in any prescribed test or course.

An officer may on giving 3 months notice be permitted to resign his/her commission on compassionate grounds of which the Government of India will be the sole judge. An officer who is permitted to resign his/her commission on compassionate grounds will not be eligible for terminal gratuity.

(l) **Terminal Gratuity**:

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SSCO recruited from civil side are entitled to terminal gratuity @ 1/2 months emoluments for each completed six monthly period of service.

(m) **Reserve Liability**:
On being released on the expiry of contractual length of service of Short Service Commission or extension thereof (as the case may be) they will carry a reserve liability for a period of five years plus two years on voluntary basis or upto the age of 40 years in case of Male Officers and 37 years in case of Women Officers which is earlier.

(n) **Miscellaneous**:
All other terms and conditions of service where not at variance with the above provisions will be the same as for regular officers.

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