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UNION PUBLIC SERVICE COMMISSION

EXAMINATION NOTICE NO.10/2024-NDA-II **DATED 15.05.2024**

(Last Date for Submission of Applications: 04.06.2024)

NATIONAL DEFENCE ACADEMY & NAVAL ACADEMY EXAMINATION (II), 2024
(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 fulfill 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 is 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 the needful accordingly. In other words, no change in the OTR profile can be made by visiting the window for Modification in application form.

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

2.4 Candidate should also have details of one photo ID viz. Aadhar Card/ Voter Card/ PAN Card/ Passport/ Driving License/ School Photo ID/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 same photo ID card will also have to be uploaded with the Online Application Form. This photo ID will be used for all future reference and the candidate is advised to carry this ID while appearing for examination/SSB.

3. LAST DATE FOR SUBMISSION OF APPLICATIONS:

The Online Applications can be filled upto 04.06.2024 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 (upsconline.nic.in) for being downloaded by candidates. No 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**

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Instructions contained in Appendix-VI of the Notice

7. **FACILITATION COUNTER FOR GUIDANCE OF CANDIDATES:**

In case of any guidances/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. **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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F.No.7/1/2024.E.1(B): An Examination will be conducted by the Union Public Service Commission on **01st September, 2024** for admission to the Army, Navy and Air Force wings of the NDA for the **154th Course** and for the **116th** Indian Naval Academy Course (INAC) commencing from **2nd July, 2025**.

The date of holding the examination as mentioned above is liable to bechanged at the discretion of the Commission.

The approximate number of vacancies to be filled on the results of this examination will be as under :—

NationalDefence Academy :	Army	**208** (including **10** for female candidates)
	Navy	**42** (including **06** for female candidates)
	Air Force	(i) Flying –**92** (including **02** for femalecandidates) (ii) Ground Duties (Tech) –**18** (including **02** for female candidates) (iii) Ground Duties (Non Tech) –**10** (including **02** for female candidates)
Naval Academy (10+2 Cadet Entry Scheme) :		**34** (including **05** for female candidate)
Total : 404		

Vacancies are provisional and may be changed depending on the availability of training capacity of National Defence Academy and Indian Naval Academy.

N.B. (i) A candidate is required to specify clearly in the Online Application Form the Services for which he wishes to be considered in the order of his preference [1 to 4]. He is also advised to indicate as many preferences as he wishes to opt so that having regard to his rank in the order of merit due consideration can be given to his preferences when making appointments.

(ii) Candidates should note that they will be considered for appointment to those services only for which they express their preferences and for no other service(s). No request for addition/alteration in the preferences already indicated by a candidate in his application will be entertained by the Commission. Nonetheless, the Commission has also decided to extend the facility of making correction(s) in any field(s) of the application form for this examination.

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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.

(iii) 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.

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
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)

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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.

N.B. : Notwithstanding the aforesaid provision, Commission reserves 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.

3. CONDITIONS OF ELIGIBILITY:

(a) Nationality : A candidate must be unmarried male/female andmust 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.

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

(b) Age Limits, Sex and Marital Status:

Only unmarried male/female candidates born not earlier than **2nd January, 2006** and not later than **1st January, 2009** are eligible.

The date of birth accepted by the Commission is that entered in the Matriculation or Secondary School Leaving 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 must be certified by the proper authority of the University or in the Secondary School Examination or an equivalent examination certificates. These certificates are required to be submitted only 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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NOTE 1: Candidates should note that only the date of birth as recorded in the Matriculation/ Secondary School Examination Certificate available 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 any 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 National Defence Services & Naval Academy (II) Examination, 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 in the respective column of the Online Application Form for the Examination. 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.

NOTE 4 : The candidates should also note that no addition/deletion/any changes are allowed in online application form in the NDA & NA Examination in any circumstances once it is submitted after the closure of the window for modification of Application as detailed in para 5 below under the caption 'How to Apply'.

NOTE 5 : Candidates must undertake not to marry until they complete their full training. A candidate who marries subsequent to the date of his 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 by the Government.

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(c) Educational Qualifications:

(i) For Army Wing of National Defence Academy :—12th Class pass of the 10+2 pattern of School Education or equivalent examination conducted by a State Education Board or a University.

(ii) For Air Force and Naval Wings of National Defence Academy and for the 10+2 Cadet Entry Scheme at the Indian Naval Academy :—12th Class pass with Physics, Chemistry and Mathematics of the 10+2 pattern of School Education or equivalent conducted by a State Education Board or a University.

Candidates who are appearing in the 12th Class under the 10+2 pattern of School Education or equivalent examination can also apply for this examination.

Such candidates who qualify the SSB interview but could not produce Matriculation/10+2 or equivalent certificate in original at the time of SSB interview should forward duly self attested Photocopies to 'Directorate General of Recruiting, Army HQ, West Block.III, R.K. Puram, New Delhi-110066' and for Naval Academy candidates to 'Naval Headquarters, DMPR, OI&R Section, Room No. 204, 'C' Wing, Sena Bhavan, New Delhi-110011' by **24th June, 2025** failing which their candidature will be cancelled. All other candidates who have produced their Matriculation and 10+2 pass or equivalent certificates in original at the time of attending the SSB interview and have got the same verified by the SSB authorities are not required to submit the same to Army HQ or Naval HQ as the case may be. Certificates in original issued by the Principals of the Institutions are also acceptable in cases where Boards/Universities have not yet issued certificates. Certified true copies/photostate copies of such certificates will not be accepted.

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 possesses qualifications, the standard of which in the opinion of the Commission, justifies his admission to the examination.

NOTE 1 : Candidates appearing in the 11th class exam are not eligible for this examination.

NOTE 2 : Those candidates who have yet to qualify in the 12thclass or equivalent 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 12th class or equivalent examination by the prescribed date (i.e. **24th June, 2025**) and no request for extending this date will be entertained on the grounds of late conduct of Board/University Examination, delay in declaration of results or any other ground whatsoever.

NOTE 3 : 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 4 : Those candidates, who have failed CPSS/PABT earlier,are now eligible for Air Force in Ground Duty branches if they fill their willingness in the Online Application Form available at theCommission's website.

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(d) Physical Standards:

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

(e) A candidate who has resigned or withdrawn on disciplinary grounds from any of the training academies of Armed Forces is not eligible to apply.

4. FEE

Candidates (excepting SC/ST candidates/female candidates / Wards of JCOs/NCOs/ORs specified in Note 2 below who are exempted from payment of fee) are required to pay a fee of Rs. 100/- (Rupees one hundred only) either by remitting the money in any Branch of State Bank of India by cash, or by using Visa/Master/RuPay Credit/Debit Card/UPI Payment or by using internet banking of any Bank.

N.B. 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 23:59 hours 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 P.M. of 04.06.2024.**

N.B. 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.

N.B. 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.

N.B. 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's 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.

NOTE-1 : Candidates belonging to Scheduled Castes/Scheduled Tribes and those specified in Note 2 below are not required to pay any fee. No fee exemption is, however, available to OBC candidates and they are required to pay the full prescribed fee.

NOTE-2 : The Wards of serving/ex-Junior Commissioned Officers/Non-Commissioned

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Officers/Other Ranks of Army andequivalent ranks in the Indian Navy/Indian Air Force are also not required to pay the prescribed fee if they are studying in Military School (formerly known as King George's School)/Sainik School run by Sainik Schools Society.

[N.B. : A certificate of eligibility for fee exemption is requiredto be obtained by all such candidates from the Principals concerned individually and produced for verification at the time of SSB Test/Interview by the candidates who are declared qualified for the SSB Test/Interview.]

5. HOW TO APPLY:

Candidates are required to apply Online by using the websiteupsconline.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.*

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.

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

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

NOTE-1: 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.

NOTE-2: Candidate should also have details of one photo ID viz. Aadhar Card/ Voter Card/ PAN Card/ Passport/ Driving License/School Photo ID/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 same

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photo ID card will also have to be uploaded with the Online Application Form. This photo ID will be used for all future referencing and the candidate is advised to carry this ID while appearing for examination/SSB.

NOTE-3 : All candidates whether already in Government Service including candidates serving in the Armed Forces, Sailors (including boys and artificers apprentices) of the Indian Navy, Cadets of Rashtriya Indian Military College (previously known as Sainik School, Dehradun), Students of Rashtriya Military Schools (formerly known as Military Schools) and Sainik Schools run by Sainik Schools Society, Government owned industrialundertakings or other similar organizations or in private employment should apply online direct to the Commission.

(a) 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; (b) Candidates serving in the Armed Forces, Sailors (including boys and artificers apprentices) of the Indian Navy; and (c) Cadets of Rashtriya Indian Military College (previously known as Sainik School, Dehra Dun), Students of Military Schools formerly known as King George's Schools and Sainik Schools run by Sainik Schools Society are required to inform their Head of Office/Department, Commanding Officer, Principals of College/School concerned, as the case may be, in writing that they have applied for this examination. Candidates should note that in case a communication is received by the Commission from their employer/authority concerned 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-4: WHILE FILLING IN THE APPLICATION FORM, THE CANDIDATE SHOULD CAREFULLY DECIDE ABOUT HIS CHOICE FOR THE CENTRE FOR THE EXAMINATION.

IF ANY CANDIDATE APPEARS AT A CENTRE OTHER THAN THE ONE INDICATED BY THE COMMISSION IN HIS E- ADMISSION CERTIFICATE, THE PAPERS OF SUCH A CANDIDATE WILL NOT BE VALUED AND HIS CANDIDATURE WILL BE LIABLE TO CANCELLATION.

NOTE-5 : 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 ALONG WITH THEIR APPLICATIONS ANY CERTIFICATE IN SUPPORT OF THEIR CLAIMS REGARDING AGE, EDUCATIONAL QUALIFICATIONS, SCHEDULED CASTES/SCHEDULED TRIBES/OTHER BACKWARD CLASSES AND FEE REMISSION ETC EXCEPT THE PHOTO ID CARD. THEY SHOULD THEREFORE, ENSURE THAT THEY FULFIL ALL THE ELIGIBILITY CONDITIONS FOR ADMISSION TO THE EXAMINATION. THEIR ADMISSION TO THE EXAMINATION WILL ALSO THEREFORE BE PURELY PROVISIONAL. IF ON VERIFICATION AT ANY LATER DATE IT IS FOUND THAT THEY DO NOT FULFIL ALL ELIGIBILITY CONDITIONS, THEIR CANDIDATURE WILL BE CANCELLED. THE RESULT OF THE WRITTEN PART OF THE EXAMINATION IS LIKELY TO BE DECLARED IN THE MONTH OF **OCTOBER, 2024.** All the candidates who have successfully qualified in the written examination are required to register themselves online on Directorate General of Recruiting

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website www.joinindianarmy.nic.in, with the same E- mail ID as provided to UPSC while filling UPSC online application. Candidates must ensure that their e-mail IDs given in their online applications are valid and active. These candidates would then be allotted Selection Centres through the aforesaid website. In case of any problems/queries, candidates should contact Directorate General of Recruiting on the telephone numbers given on their website or through feedback / query module after logging on to their profile.

NOTE-6 : CANDIDATES WHO HAVE PASSED WRITTEN TEST ARE NOT REQUIRED TO SUBMIT THEIR ORIGINAL CERTIFICATE OF AGE AND EDUCATIONAL QUALIFICATION EITHER TO DIRECTORATE GENERAL OF RECRUITING, ARMY HQ, WEST BLOCK-III, RK PURAM, NEW DELHI-110066 OR TO NAVAL HEADQUARTERS, DMPR, OI&R SECTION, 'C' WING, SENA BHAWAN, NEW DELHI-110011.

ALL CANDIDATES CALLED FOR SSB INTERVIEW MUST CARRY THEIR ORIGINAL MATRICULATION CERTIFICATE OR EQUIVALENT EXAMINATION CERTIFICATE TO THE SERVICES SELECTION BOARD (SSB). ORIGINALS WILL HAVE TO BE PRODUCED BY THE CANDIDATES WHO QUALIFY AT THE SSB INTERVIEW SOON AFTER THE INTERVIEW. THE ORIGINALS WILL BE RETURNED AFTER VERIFICATION. THOSE CANDIDATES WHO HAVE ALREADY PASSED 10+2 EXAMINATION MUST CARRY THEIR ORIGINAL 10+2 PASS CERTIFICATE OR MARKS SHEET FOR THE SSB INTERVIEW. IF ANY OF THEIR CLAIMS IS FOUND TO BE INCORRECT 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 or respective service HQ 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;

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(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 their 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/Digital 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 thecommission of all or any of the acts specified in the foregoingclauses;

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 selectionheld by them;

(ii) by the Central Government from any employmentunder them; and

And shall be liable to face disciplinary action under theappropriate 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 the purpose, into consideration.

Any person who is found by the Commission or respective service HQ 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 render himself/herself 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.

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6. LAST DATE FOR SUBMISSION OF APPLICATIONS:

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

7. TRAVELLING ALLOWANCE:

Candidates appearing for SSB interview for the first time for a particular type of Commission i.e. Permanent or Short Service, shall be entitled for AC III Tier to and fro railway fare or bus fare including reservation cum sleeper charges within the Indian limits. Candidates who apply again for the same type of Commission will not be entitled to travelling allowance on any subsequent occasion.

8. CORRESPONDENCE WITH THE COMMISSION/ ARMY /NAVAL /AIR HEADQUARTERS:

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 [upsc.gov.in] for being downloaded by candidates. No Admit Card will be sent by post. For downloading the e-Admit Card the candidate must have his 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.

(ii) If a candidate does not receive his e-Admit Card or any other communication regarding his candidature for the examination before the commencement of the examination, he 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. 011–23385271/011–23381125/011–23098543 Extn 4119, 4120. In case no communication is received in the Commission's Office from the candidate regarding non-receipt of his e-Admit Card before the examination, he himself will be solely responsible for non-receipt of his e-Admit Card.

(iii) No candidate will ordinarily be allowed to take the examination unless he holds a certificate of admission for the examination. On receipt of e-Admit Card, check it carefully and bring discrepancies/errors, if any, to the notice of the UPSC immediately. The courses to which the candidates are admitted will be according to their eligibility as per 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 toverification of all the eligibility conditions.

(iv) If a candidate receives an e-Admit Card in respect of some other candidate on account of processing error, it should be notified to the Commission with a request to issue the correct e- Admit Card. Candidates

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may note that they will not be allowed to take the examination on the strength of an **e-Admit Card** issued in respect of another candidate.

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

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

(vii) Candidates must ensure that their e.mail Ids given in their online applications are valid and active.

IMPORTANT : All Communications to the Commission 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. Postal Address as given in the application.

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 full name and roll number, it will be ignored and no action will be taken thereon. Candidates recommended by the Commission for interview by the Services Selection Board who have changed their addresses subsequent to the submission of their applications for the examination should immediately after announcement of the result of the written part of the examination notify the changed address also to :—

For candidates with Army as first choice—Army Headquarters, A.G's Branch, RTG (NDA Entry), West Block-III, Wing-1, R. K. Puram, New Delhi-110066, Phone No. 26175473.

For candidates with Navy/Naval Academy as first choice— Naval Headquarters, Directorate of Manpower & Recruitment, OI&R Section, R. No. 204, 'C' Wing, Sena Bhawan,New Delhi-110011, Phone No. 23010097/23011282.

For candidates with Air Force as first choice—Dte of Personnel (Officers), Air Headquarters, (VB) Room No 838. `A' Block, Defence Offices Complex, Kasturba Gandhi Marg, New Delhi-110001 Phone No. 23010231 Extn 7645/7646/7610.

FAILURE TO COMPLY WITH THIS INSTRUCTION WILL DEPRIVE THE CANDIDATE OF ANY CLAIM TO CONSIDERATION IN THE EVENT OF HIS NOT RECEIVING THE SUMMONS LETTER FOR INTERVIEW BY THE SERVICES SELECTION BOARD.

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AFTER HAVING CLEARED THE WRITTEN EXAMINATION THE CANDIDATES SHOULD LOG ON TO THE FOLLOWING WEBSITES FOR THEIR SSB CENTRE & DATE OF INTERVIEW :-

www.joinindianarmy.nic.in
www.joinindiannavy.gov.in
The candidate with Air Force as first choice are also to register on **www.joinindianarmy.nic.in** for **AFSB and date selection.**

Candidates whose names have been recommended for interview by the Services Selection Board should address enquiries or requests, if any, relating to their interview or visit website of respective service headquarters after 20 days from the announcement of written results as follows :—

For candidates with Army as first choice—Army Headquarters, AG's Branch, RTG (NDA Entry), West Block-III, Wing-1, R.K. Puram, New Delhi – 110 066, Phone No. 26175473 or joinindianarmy.nic.in

For candidates with Navy/Naval Academy as first choice—Naval Headquarters, Directorate of Manpower & Recruitment, O.I. & R. Section, Room No. 204, 'C' Wing, Sena Bhavan, New Delhi-110011, Phone No. 23011282/23010151 Email : officer@navy.gov.in **or joinindiannavy.gov.in**

For candidates with Air Force as first choice—Dte ofPersonnel(Officers), Air Headquarters, (VB) Room No 838. `A' Block, Defence Offices Complex, Kasturba Gandhi Marg, New Delhi-110001 Phone No. 23010231 Extn 7645/7646/7610.

Candidates are required 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 considered in exceptional circumstances and that too if it is administratively convenient for which Army Headquarters will be the sole deciding authority. Such requests should be addressed to the Administrative Officer of the Selection Centre from where the call letter for interview has been received. No action will be taken on letters received by Army/Navy/Air HQs. SSB interview for the candidates qualified inthe written examination is likely to be held during the months of **January, 2025 to April, 2025** or as suitable to Recruiting Directorate. For all queries regarding Merit list, joining instructions and any other relevant information regarding selection process, please visit website **www.joinindianarmy.nic.in.**

9. 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 ofcandidates who obtain the minimum qualifying marks in the written examination as fixed by the Commission at theirdiscretion. Such candidates shall appear before

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a Services Selection Board for Intelligence and Personality Test where candidates for the Army/Navy wings of the NDA and 10+2 Cadet Entry Scheme of Indian Naval Academy will be assessed on Officers Potentiality and those for the Air Force in **addition to the above will have to qualify Computerised Pilot Selection System (CPSS). Candidates with Air Force as one of the choice would also undergo CPSS if they qualify SSB and are willing.**

TWO-STAGE SELECTION PROCEDURE

Two-stage selection procedure based on Psychological Aptitude Test and Intelligence Test has been introduced at Selection Centres/Air Force Selection Boards/Naval Selection Boards. All the candidates will be put to stage-one test on first day of reporting at Selection Centres/Air Force Selection Boards/Naval Selection Boards. Only those candidates who qualify at stage one will be admitted to the second stage/remaining tests. Those candidates who qualify stage II will be required to submit the Original Certificates along with one photocopy each of : (i) Original Matriculation pass certificate or equivalent in support of date of birth, (ii) Original 10+2 pass certificate or equivalent in support of educational qualification.

Candidates who appear before the Services Selection Board and undergo the test there, will do so 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. Parents or guardians of the candidates will be required to sign a certificate to this effect.

To be acceptable, candidates for the Army/Navy/Naval Academy and Air Force should secure the minimum qualifying marks separately in (i) Written examination as fixed by the Commission at their discretion and (ii) Officer Potentiality Test as fixed by the Services Selection Board at their discretion. Over and above candidates for the Air Force, and all the SSB qualified candidates as per their willingness, eligibility and preference for flying branch of Air Force, should separately qualify the CPSS.

Subject to these conditions the qualified candidates will then be placed in a single combined list on the basis of total marks secured by them in the Written Examination and the Services Selection Board Tests. The final allocation/selection for admission to the Army, Navy, Air Force of the National Defence Academy and 10+2 Cadet Entry Scheme of Indian Naval Academy will be made upto the number of vacancies available subject to eligibility, medical fitness and merit-cum-preference of the candidates. The candidates who are eligible to be admitted to multiple Services/Courses will be considered for allocation/selection with reference to their order or preferences and in the event of their final allocation/ selection to one Service/Course, they will not be considered for admission to other remaining Services/Courses.

N.B.: EVERY CANDIDATE FOR THE FLYING BRANCH OF AIR FORCE IS GIVEN COMPUTERISED PILOT SELECTION SYSTEM (CPSS) (PILOT

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APTITUDE TEST) ONLY ONCE. THE GRADESSECURED BY HIM AT THE FIRST TEST WILL THEREFORE HOLD GOOD FOR EVERY SUBSEQUENT INTERVIEW HE HAS WITH THE AIR FORCE SELECTION BOARD. A CANDIDATE WHO FAILS IN THE CPSS CANNOT APPLY FOR ADMISSION TO THE NATIONAL DEFENCE ACADEMY EXAMINATION FOR THE FLYING BRANCH OF AIR FORCE WING OR GENERAL DUTIES (PILOT) BRANCH OR NAVAL AIR ARM.

Candidates who have been given the Computerised Pilot Selection System (CPSS) for any previous NDA course should submit their application for this examination for the Air Force Wing only if they have been notified as having qualified in CPSS. In case a candidate has failed in CPSS/not tested for CPSS for being HWG, the candidate would be considered for Ground Duty branch of IAF, Navy, Army and NAVAC as per his choices.

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

Success in the examination confers no right of admission to the Academy. A candidate must satisfy the appointing authority that he is suitable in all respects for admission to the Academy.

10. DISQUALIFICATION FOR ADMISSION TO THE TRAINING COURSE:

Candidates who were admitted to an earlier course at the National Defence Academy, or to the 10 + 2 Cadet Entry Scheme of Indian Naval Academy but were removed there from for lack of officer-like qualities or on disciplinary grounds will not be admitted to the Academy.

Candidates who were previously withdrawn from the National Defence Academy or Indian Naval Academy on medical grounds or left the above Academy voluntarily are however, eligible for admission to the Academy provided they satisfy the medical and other prescribed conditions.

11. The details regarding (a) the scheme and syllabus of the examination, (b) guidelines for filling up the online Application Form (c) Special Instructions to candidates for objective type tests,
(d) Physical standards for admission to the National Defence Academy and Naval Academy and (e) Brief particulars of the service etc., for candidates joining the National Defence Academy and Naval Academy are given in Appendices I, II, III, IV and V respectively.

(Vinod Kumar)
Under Secretary
Union Public Service Commission

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APPENDIX-I

(The Scheme and Syllabus of Examination)

A. SCHEME OF EXAMINATION

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

Subject	Code	Duration	Maximum Marks
Mathematics	01	2½ Hours	300
General Ability Test	02	2½ Hours	600
	Total		900
SSB Test/Interview:			900

2. THE PAPERS IN ALL THE SUBJECTS WILL CONSIST OF OBJECTIVE TYPE QUESTIONS ONLY. THE QUESTION PAPERS (TEST BOOKLETS) OF MATHEMATICS AND PART "B" OF GENERAL ABILITY TEST WILL BE SET BILINGUALLY IN HINDI AS WELL AS ENGLISH.

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

4. 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.

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

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

B. SYLLABUS OF THE EXAMINATION

PAPER-I
MATHEMATICS
(Code No. 01)
(Maximum Marks-300)

1. ALGEBRA

Concept of set, operations on sets, Venn diagrams. De Morgan laws, Cartesian product, relation, equivalence relation.

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Representation of real numbers on a line. Complex numbers—basic properties, modulus, argument, cube roots of unity. Binary system of numbers. Conversion of a number in decimal system to binary system and vice-versa. Arithmetic, Geometric and Harmonic progressions. Quadratic equations with real coefficients. Solution of linear inequations of two variables by graphs. Permutation and Combination. Binomial theorem and its applications. Logarithms and their applications.

2. MATRICES AND DETERMINANTS :

Types of matrices, operations on matrices. Determinant of a matrix, basic properties of determinants. Adjoint and inverse of a square matrix, Applications-Solution of a system of linear equations in two or three unknowns by Cramer's rule and by Matrix Method.

3. TRIGONOMETRY :

Angles and their measures in degrees and in radians. Trigonometrical ratios. Trigonometric identities Sum and difference formulae. Multiple and Sub-multiple angles. Inverse trigonometric functions. Applications-Height and distance, properties of triangles.

4. ANALYTICAL GEOMETRY OF TWO AND THREE DIMENSIONS:

Rectangular Cartesian Coordinate system. Distance formula. Equation of a line in various forms. Angle between two lines. Distance of a point from a line. Equation of a circle in standard and in general form. Standard forms of parabola, ellipse and hyperbola. Eccentricity and axis of a conic. Point in a three dimensional space, distance between two points. Direction Cosines and direction ratios. Equation two points. Direction Cosines and direction ratios. Equation of a plane and a line in various forms. Angle between two lines and angle between two planes. Equation of a sphere.

5. DIFFERENTIAL CALCULUS :

Concept of a real valued function–domain, range and graph of a function. Composite functions, one to one, onto and inverse functions. Notion of limit, Standard limits—examples. Continuity of functions—examples, algebraic operations on continuous functions. Derivative of function at a point, geometrical and physical interpretation of a derivative—applications. Derivatives of sum, product and quotient of functions, derivative of a function with respect to another function, derivative of a composite function. Second order derivatives. Increasing and decreasing functions. Application of derivatives in problems of maxima and minima.

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6. INTEGRAL CALCULUS AND DIFFERENTIAL EQUATIONS :

Integration as inverse of differentiation, integration by substitution and by parts, standard integrals involving algebraic expressions, trigonometric, exponential and hyperbolic functions. Evaluation of definite integrals—determination of areas of plane regions bounded by curves—applications.

Definition of order and degree of a differential equation, formation of a differential equation by examples. General and particular solution of a differential equations, solution of first order and first degree differential equations of various types—examples. Application in problems of growth and decay.

7. VECTOR ALGEBRA :

Vectors in two and three dimensions, magnitude and direction of a vector. Unit and null vectors, addition of vectors, scalar multiplication of a vector, scalar product or dot product of two vectors. Vector product or cross product of two vectors. Applications—work done by a force and moment of a force and in geometrical problems.

8. STATISTICS AND PROBABILITY :

Statistics : Classification of data, Frequency distribution, cumulative frequency distribution—examples. Graphical representation—Histogram, Pie Chart, frequency polygon—examples. Measures of Central tendency—Mean, median and mode. Variance and standard deviation—determination and comparison. Correlation and regression.

Probability : Random experiment, outcomes and associated sample space, events, mutually exclusive and exhaustive events, impossible and certain events. Union and Intersection of events. Complementary, elementary and composite events. Definition of probability—classical and statistical—examples. Elementary theorems on probability—simple problems. Conditional probability, Bayes' theorem—simple problems. Random variable as function on a sample space. Binomial distribution, examples of random experiments giving rise to Binominal distribution.

PAPER-II
GENERAL ABILITY TEST
(Code No. 02)
(Maximum Marks—600)

Part 'A'—ENGLISH (Maximum Marks—200)

The question paper in English will be designed to test the candidate's understanding of English and workman like use of words. The syllabus covers various aspects like : Grammar and usage, vocabulary, comprehension and cohesion in extended text to test the candidate's proficiency in English.

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Part 'B'—GENERAL KNOWLEDGE (Maximum Marks—400)

The question paper on General Knowledge will broadly cover the subjects : Physics, Chemistry, General Science, Social Studies, Geography and Current Events.

- The syllabus given below is designed to indicate the scope of these subjects included in this paper. The topics mentioned are not to be regarded as exhaustive and questions on topics of similar nature not specifically mentioned in the syllabus may also be asked. Candidate's answers are expected to show their knowledge and intelligent understanding of the subject.

Section 'A' (Physics)

Physical Properties and States of Matter, Mass, Weight, Volume, Density and Specific Gravity, Principle of Archimedes, Pressure Barometer.

Motion of objects, Velocity and Acceleration, Newton's Laws of Motion, Force and Momentum, Parallelogram of Forces, Stability and Equilibrium of bodies, Gravitation, elementary ideas of work, Power and Energy. Effects of Heat, Measurement of Temperature and Heat, change of State and Latent Heat, Modes of transference of Heat. Sound waves and their properties, Simple musical instruments. Rectilinear propagation of Light, Reflection and refraction. Spherical mirrors and Lenses, Human Eye.

Natural and Artificial Magnets, Properties of a Magnet, Earth as a Magnet.

Static and Current Electricity, conductors and Non-conductors, Ohm's Law, Simple Electrical Circuits, Heating, Lighting and Magnetic effects of Current, Measurement of Electrical Power, Primary and Secondary Cells, Use of X-Rays. General Principles in the working of the following:

Simple Pendulum, Simple Pulleys, Siphon, Levers, Balloon, Pumps, Hydrometer, Pressure Cooker, Thermos Flask, Gramophone, Telegraphs, Telephone, Periscope, Telescope, Microscope, Mariner's Compass; Lightening Conductors, Safety Fuses.

Section 'B' (Chemistry)

Physical and Chemical changes. Elements, Mixtures and Compounds, Symbols, Formulae and simple Chemical Equations, Law of Chemical Combination (excluding problems). Properties of Air and Water.

Preparation and Properties of Hydrogen, Oxygen, Nitrogen and Carbondioxide, Oxidation and Reduction. Acids, bases and salts. Carbon—different forms. Fertilizers—Natural and Artificial. Material used in the preparation of substances like Soap, Glass, Ink, Paper, Cement, Paints, Safety Matches and Gun-

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Powder. Elementary ideas about the structure of Atom, Atomic Equivalent and Molecular Weights, Valency.

Section 'C' (General Science)

Difference between the living and non-living. Basis of Life—Cells, Protoplasms and Tissues. Growth and Reproduction in Plants and Animals.
Elementary knowledge of Human Body and its important organs. Common Epidemics, their causes and prevention.

Food—Source of Energy for man. Constituents of food, Balanced Diet. The Solar System—Meteors and Comets, Eclipses. Achievements of Eminent Scientists.

Section 'D' (History, Freedom Movement etc.)

A broad survey of Indian History, with emphasis on Culture and Civilisation.
Freedom Movement in India. Elementary study of Indian Constitution and Administration. Elementary knowledge of Five Year Plans of India. Panchayati Raj, Co-operatives and Community Development. Bhoodan, Sarvodaya, National Integration and Welfare State, Basic Teachings of Mahatma Gandhi.

Forces shaping the modern world; Renaissance, Exploration and Discovery; War of American Independence. French Revolution, Industrial Revolution and Russian Revolution. Impact of Science and Technology on Society. Concept of one World, United Nations, Panchsheel, Democracy, Socialism and Communism. Role of India in the present world.

Section 'E' (Geography)

The Earth, its shape and size. Lattitudes and Longitudes, Concept of time. International Date Line. Movements of Earth and their effects. Origin of Earth. Rocks and their classification; Weathering—Mechanical and Chemical, Earthquakes and Volcanoes. Ocean Currents and Tides Atmosphere and its composition; Temperature and Atmospheric Pressure, Planetary Winds, Cyclones and Anti-cyclones; Humidity; Condensation and Precipitation; Types of Climate, Major Natural regions of the World. Regional Geography of India—Climate, Natural vegetation. Mineral and Power resources; location and distribution of agricultural and Industrial activities. Important Sea ports and main sea, land and air routes of India. Main items of Imports and Exports of India.

Section 'F' (Current Events)

Knowledge of Important events that have happened in India in the recent years. Current important world events.

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Prominent personalities – both Indian and International including those connected with cultural activities and sports.

NOTE : Out of maximum marks assigned to part 'B' of this paper, questions on Sections 'A', 'B', 'C', 'D', 'E' and 'F' will carry approximately 25%, 15%, 10%, 20%, 20% and 10% weightages respectively.

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 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 mks 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 FORFILLING ONLINEAPPLICATION

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

Salient Features of the Online Applications Form are given hereunder:

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

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- Candidates will be required to complete the Online Application form containing two stages viz. Part I and Part II.
- The candidates are required to pay a fee of Rs. 100/- (Rupees one hundred only) [except SC/ST candidates and those specified in Note-2 of Para 4 of the Notice who are exempted from payment of fee] either by depositing the money in any branch of SBI by cash or or by using any Visa/Master/RuPay Credit/Debit Card/UPI Payment or by using Internet Banking of any Bank.
- Candidate should also have details of one photo ID viz. Aadhar Card/ Voter Card/ PAN Card/ Passport/ Driving License/ School Photo ID/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 same photo ID card will also have to be uploaded with the Online Application Form. This photo ID will be used for all future referencing and the candidate is advised to carry this ID while appearing for examination/SSB.
- Before start filling up Online Application, a candidate must have his photograph and signature duly scanned in the .jpg format in such a 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.
- Before start filling up Online Application, a candidate must have his photo identity card document in PDF format only. The digital size of PDF file should not exceed 300 KB and must not be less than 20 KB.
- The Online Applications (Part I and II) can be filled from **15th May, 2024 to 04th June, 2024 till 6:00 PM.**
- 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.
- The applicants are advised to check their e-mails at regular intervals and ensure that the email addresses ending with @nic.in are directed to their inbox folder and not to the SPAM folder or any other folder.
- **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.**

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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, bag, 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 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.

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(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 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**

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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. 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.

12. 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

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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:

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	**Subject**	**S.Code**	Roll Number
Delhi	**English**	0 1	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.

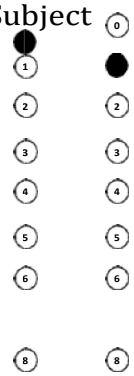
The next step is to find out the appropriate subject code from the Time Table. Now encode the Test Booklet Series, Subject Code and the Roll Number in the circles provided for this purpose. Do the encoding with Black Ball pen. The name of the Centre need not be encoded.

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:

1. **पुस्तिका क्रम (अ)**
Booklet Series (A)



विषय
Subject



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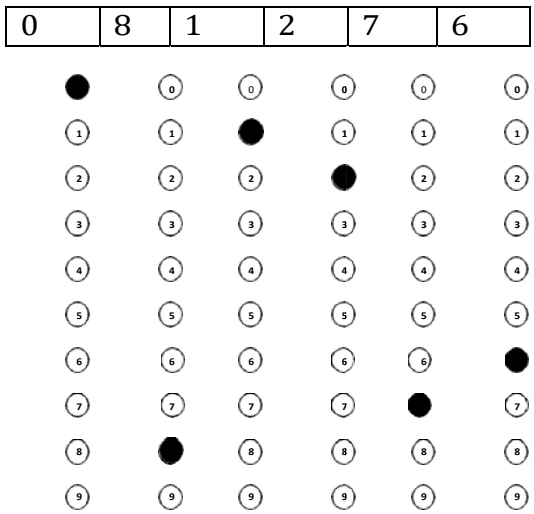
अनुक्रमांक
Roll Number

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.

APPENDIX–IV

GUIDELINES FOR PHYSICAL STANDARDS FOR ADMISSION TO THE NATIONAL DEFENCE ACADEMY.

NOTE : CANDIDATES MUST BE PHYSICALLY AND MENTALLY FIT ACCORDING TO THE PRESCRIBED PHYSICAL STANDARDS. MEDICAL FITNESS CRITERIA GIVEN BELOW ARE AS PER EXISTING GUIDELINES AS ON DATE OF PUBLICATION AND THESE GULIDELINES ARE SUBJECT TO REVISION.

A NUMBER OF QUALIFIED CANDIDATES ARE REJECTED SUBSEQUENTLY ON MEDICAL GROUNDS. CANDIDATES ARE THEREFORE ADVISED IN THEIR OWN INTEREST TO GET THEMSELVES MEDICALLY
EXAMINED BEFORE SUBMITTING THEIR APPLICATIONS TO AVOID DISAPPOINTMENT AT THE FINAL STAGE.

1. Candidates are also advised to rectify minor defects/ailments in order to speed up finalisation of medical examination conducted at the Military Hospital after being recommended at the SSB.

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2. Few of such commonly found defects/ailments are listed below:

(a) Wax (Ears)

(b) Deviated Nasal Septum

(c) Hydrocele/Phimosis

(d) Overweight/Underweight

(e) Under Sized Chest

(f) Piles

(g) Gynaecomastia

(h) Tonsillitis

(i) Varicocele

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. Comdt Selection Centre will be competent auth for clearing such cases.

3. Civilian candidates appearing for all types of commission in the Armed Forces will be entitled to out-patients treatment from service sources at public expense for injuries sustained or diseases contracted during the course of their examination by the Selection Board. They will also be entitled to in-patient treatment at public expense in the Officer's ward of a hospital provided—

(a) the injury is sustained during the tests or,

(b) the disease is contracted during the course of the examination by selection board and there is no suitable accommodation in local civil hospital or it is impracticable to remove the patient to the civil hospital; or,

(c) the medical board requires the candidate's admission for observation.

NOTE: They are not entitled to special nursing.

4. Medical Procedure

A candidate recommended by the Services Selection Board will undergo a medical examination by a Board of Service Medical

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Officers. Only those candidates will be admitted to the academy who are declared fit by the Medical Board. The proceedings of the Medical Board are confidential and will not be divulged to anyone. However, the candidates declared unfit will be intimated by the President of the Medical Board and the procedure for request for an Appeal Medical Board will also be intimated to the candidate.

5. Candidates declared unfit during Appeal Medical Board will be intimated about the provision of Review Medical Board.

6. Medical Standards and procedure for Army, Navy and Air Force (Flying Branch and Ground Duty Branch) are given in Annexure 'A'. Annexure 'B' and Annexure 'C' respectively, which is also available at following websites:-

(i) For Officers Entry into Army : Medical Standards and Procedure of Medical Examination at **www.joinindianarmy.nic.in**

(ii) For Officers Entry for Air Force (flying & Ground duty branches) Medical Standards and Procedure of Medical Examination at **www.careerindianairforce.cdac.in**

(iii) For Officers Entry for Navy : Medical Standards and Medical Examination at **www.joinindiannavy.gov.in**

Note : The proceedings of the Medical Board are confidential will not be divulged to anyone. Directorate General of Recruiting has no role to play in any Medical Boards and procedure advised by the Competent medical authorities will be strictly adhered.

MEDICAL EXAMINATION OF FEMALE CANDIDATES

1. General methods and principles of medical examination of female candidates will be the same as for male candidates. However, special points pertaining to Medical Examination of female candidates are given in succeeding paragraphs.

2. A detailed menstrual, gynaecological and obstetric history in the form of a questionnaire is to be obtained from the candidate.

3. A detailed physical and systemic examination will be carried out of the candidate and she should be examined by a Lady Medical Officer or a Lady Gynecologist only.

4. The examination must include the following inspections:-

(a) External genitalia.

(b) Hernial orifices and the perineum.

(c) Any evidence of stress urinary incontinence or genital prolapsed outside introitus.

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(d) Evidence of lump breast and galactorrhoea

5. In all unmarried female candidates, speculum or per vaginal examination will not be carried out.

6. Ultrasound scan of the abdomen and pelvis is mandatory in all female candidates during the initial Medical Examination.

7. Any abnormality of external genitalia will be considered on merits of each case. Significant hirsutism especially with male pattern of hair growth along with radiological evidence of PCOS, will be a cause for rejection.

8. Following conditions will entail female candidates being declared unfit:

(a) Primary or secondary amenorrhoea

(b) Severe Menorrhagia or/ and severe dysmenorrhea.

(c) Stress urinary incontinence

(d) Congenital elongation of cervix or prolapsed which comes outside the introitus even after corrective surgery.

(e) **Pregnancy.** Pregnancy will be a cause of rejection for NDA entry.

(f) Complex ovarian cyst of any size.

(g) Simple ovarian cyst more than six cm.

(h) Endometriosis and Adenomyosis.

(i) Submucous fibroid of any size.

(j) Broad ligament or cervical fibroid of any size causing pressure over ureter.

(k) Single fibroid uterus more than three cm in diameter; fibroids more than two in number (each fibroid not more than fifteen mm in diameter) or fibroids causing distortion of endometrial cavity.

(l) Congenital uterine anomalies except arcuate uterus.

(m) Acute or chronic pelvic infection.

(n) Disorders of sexual differentiation.

(o) Any other condition will be considered on merits of each case by the Gynaecologist.

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9. Following conditions will be declared as **FIT**:-

(a) Unilocular clear ovarian cyst up to six cm.

(b) Minimal fluid in pouch of Douglas.

10. **Medical fitness after laparoscopic surgery or laparotomy.** Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit if she is asymptomatic, ultrasound pelvis is normal, histopathology of tissues removed is benign and per operative findings are not suggestive of endometriosis. Fitness will be considered twelve weeks after laparoscopic surgery and when the wound has healed fully. Candidate will be considered FIT after laprotomy one year after the surgical procedure.

Annexure -A

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

1. 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

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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.

2. 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.

3. 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.

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(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.

(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.

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

5. 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

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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.

(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.

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6. **Height and Weight Standards for Female Candidates joining NDA (Army)**:

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

(a) The minimum height required for entry into the Armed Forces for female Candidates 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. An allowance for growth of 02 cm will be made for candidates below 18 yrs at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Flying Branch also requires other anthropometric standards like sitting height, leg length and thigh length.

(b) Weight for height charts given below 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,

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wrestling, and boxing at the National level. In such cases the following criteria will have to be met.

(i) Body Mass Index should be below 25.
(ii) Waist Hip ratio should be below 0.9 for male and 0.8 for female.
(iii) Waist Circumference should be less than 90 cm for male and 80 cm for female.
(iv) All biochemical metabolic parameters should be within normal limits.

Note: The height and weight for candidates below 17 years will be followed as per guidelines by 'Indian Academy of Paediatrics growth charts for height, weight and BMI for 05 Years to 16 Years old children' amended from time to time.

7. **Height and Weight Standards for Male Candidates joining NDA (Army)**: 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

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161	46.7	57.6	59.8	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
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

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207	77.1	94.3	98.8	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.

(i) Body Mass Index should be below 25.

(ii) Waist Hip ratio should be below 0.9 for males and 0.8 for females.

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

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

Note: The height and weight for candidates below 17 years will be followed as per guidelines by 'Indian Academy of Paediatrics growth charts for height, weight and BMI for 05 Years to 16 Years old children' amended from time to time.

(b) The minimum height required for male/female 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.

Note : An allowance for growth of 02 cm will be made for both male and female candidates below 18 yrs of age at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Anthropometric standards like sitting height, leg length and thigh length are also required by the Flying Branch.

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.

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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**

(a) Any candidate who has undergone any kerato-refractive procedure will have a certificate/operative notes from the medical 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

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(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 Officer in 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 tensile strength. The candidate shall be considered fit after 01 year of open/laproscopic 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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Annexure B

MEDICAL STANDARDS AND PROCEDURE OF MEDICAL EXAMINATION 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 results and 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), Sena Bhawan, 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)

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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.

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**

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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**
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 for Male Candidates:-

(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 Post Prandial, blood urea, creatinine, cholesterol, HbA1C%, etc are within normal limits.

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(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:

Srl No.	Category	Minimum Height for Male Candidates
(i)	Tribals from Ladhakh Region	155 Cm
(ii)	Andaman & Nicobar, Lakshdweep and Minicoy Islands	155 Cm
(iii)	Gorkhas, Nepali, Assamese, Garhwali, Kumaoni and Uttarakhand	152 Cm
(iv)	Bhutan, Sikkim & North East Region	152 Cm
(v)	Extra talented sports candidates	155 Cm

Notes for Female Candidates:-

(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) 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 0.8 for female.
(iii) All biochemical parameters such as blood sugar Fasting and Post Prandial, 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 for female Candidates is 152 cms. However, relaxation in height is permissible to candidates holding domicile of areas as mentioned below:

Srl No.	**Category**	**Minimum Height for Female Candidates**
(i)	Tribals from Ladhakh Region	150 Cm
(ii)	Aandaman& Nicobar, Lakshdweep and Minicoy Islands	150 Cm
(iii)	Gorkhas, Nepali, Assamese, Garhwali, Kumaoni and Uttarakhand	147 Cm
(iv)	Bhutan, Sikkim &North East Region	147 Cm

(e) The above relaxation in height will not be applicable to candidates seeking entry as officers into the Navy in Pilot/ Observer specialisations of the Executive branch.

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

(a) The candidate is sufficiently intelligent, although the responsibility on this point rests with the Enrolling Officer. The Medical Officer will bring to the Enrolling Officer's notice any deficiency he/she may observe during the examination.

(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.

The candidates very often do not give family history of disease because of ignorance. At times deliberate attempt is made for concealment of disease for fear of rejection. In all these cases Recruiting Medical Officer should state in concerned Para of AFMSF-2A, if there is any relevant history of Fits, Leprosy, Epilepsy or Tuberculosis. It is, however, essential to make a thorough clinical examination of candidates for any signs of organic disease/physical deformity. Recruiting Medical Officer

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should either reject the candidate or endorse the disease in respective column, if it is of acceptable nature.

7. Major defects for rejection are as under:-

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

Note:- Muscular wasting is to be judged entirely by its effect on function.

(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 Lumber 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 is 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.

(g) Healed Fractures.

(i) 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.

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

(iii) 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.

(h) CubitusRecurvatum. >10 degrees is Unfit

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(j) Cubitus Valgus.

(i) **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 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.

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

(aa) History of trauma

(ab) Scar around elbow

(ac) Asymmetry of angles

(ad) Distal neurovascular deficit

(ae) Restricted range of motion

(af) If deemed necessary by Orthopaedic Surgeon

(k) 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.

(i) Measurement modality. Measured using a Goniometer

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(ii) 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 NDA/ NA entry are as follows :-

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

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).

(c) **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.

(d) Residual refraction less than or equal to ±1.0 D Sph or Cyl, provided within the permissible limit for the category

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applied for. However, for Pilot and Observer entries, the residual refraction should be nil.

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

(f) 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.***

4. **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 fitif they meet any of the following criteria:-

(a) Mild ptosis

(b) Clear visual axis

(c) Normal visual field

(d) No sign of aberrant degeneration/ head tilt

5. **Exotropia**. Unfit

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

7. **Heterochromia Iridum**. Unfi

8. **Sphincter Tears** Can be considered fit is size difference between pupils is <01mm, pupillary reflexesare brisk with no observed pathology in cornea, lens or retina.

9. **Pseudophakia**. Unfit

10. **Lenticular Opacities**. Any lenticular opacity causing visual deterioration, or is in the visual axis or is present inan 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).

11. **Optic Nerve Drusen**. Unfit

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12. **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.

13. Keratoconus. Unfit

14. Lattice.

(a) The following lattice degenerations will render acandidate 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 degenerations posterior to equator.

(b) Candidates with lattice degeneration will beconsidered Fit under the following conditions:-

(i) Single circumferential lattice withoutholes of less than two clock hours ineither 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 singlecircumferential 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.

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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 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-antrostomyetc)

(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 HRCTtemporal bone is suggestive of partial removal or deep extension it would entail rejection.

(b) ***Nose.*** Disease of the bones or cartilages of the nose, marked nasal allergy, nasal polyps, atrophic rhinitis, disease of the accessory sinuses and nasopharynx.

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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.

(i) **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.

(c) ***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.

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 points according to whether the third molars are well developed or not.

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(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.

(c) **Chest**. The following are criteria for rejection:-

(aa) Deformity of chest, congenital or acquired.

(ab) Expansion less than 5 cms.

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

12. ***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

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(Including HIV) to exclude latent Sexually Transmitted Disease.

13. ***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.

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

14. ***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 pulses.

(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 (24h ABPM) to differentiate between white coat hypertension and persistent hypertension. Wherever feasible, candidates will be evaluated by a Cardiologist at AMB. Those with normal 24h 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.

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15. ***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

(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) **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.

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16. ***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:-

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

(ii) Calyecdasis

(iii) Bladder Diverticulum

(iv) Simple Renal Cyst. > 1.5 Cm

17. ***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.

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

19. **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

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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 thanor equal to 500/ cu mm is deemed Unfit.

20. **Women Candidates**. They should not be pregnant and should also be free from gynaecological disorders such as primary or secondary Amenorrhea/ Dysmenorhoea/ Menorrhagia etc. All women candidatesare to be subjected to Ultra Sound Examination of the abdominal and pelvic organs for detecting any abnormalities of the internal organs.

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 acceptanceand 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 or sailor.

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Annexure C

MEDICAL STANDARDS FOR NDA (AIR FORCE) (FLYING & GROUND DUTY BRANCHES)

GENERAL INSTRUCTIONS

1. In this section, standardized guidelines for the physical assessment of candidates for commissioning through NDA into flying and ground duty branches 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 Candidates during medical examination prior to commissioning.

(b) A complete medical and surgical examination including dental examination and gynecological examination in female.

(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 NDA/ 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.

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6. **Mandatory lab and Radiological Investigations.**

(a) Hematology: Complete Hemogram

(b) Biochemical: 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

7. 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.

8. 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.

(d) **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.

(e) **Birth Marks.** Abnormal pigmentation in the form of hypo or hyper-pigmentation 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.

(f) **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.

(g) **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.

(h) **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.

(j) **History relating to Operations.** A candidate who has undergone an abdominal operation involving extensive surgical intervention or partial/ total excision of any organ is,

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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

9. 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 cardio-pulmonary or musculoskeletal anomaly are to be considered unfit. Minimum recommended chest circumference for Candidates 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.

10. Height, Sitting Height, Leg Length and Thigh Length for Male Candidates.

(a) 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: -

(i)	Sitting height	Minimum	81.5 cm
		Maximum	96.0 cm
(ii)	Leg Length	Minimum	99.0 cm
		Maximum	120.0 cm
(iii)	Thigh Length	Maximum	64.0 cm

(b) 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 Lakshadweep the minimum acceptable height can be reduced by 2 cm (155.5 cm).

11. Body Weight Parameters

(a) For NDA candidates, at entry, the weight chart placed at **Appendix 'A'** to this notification will be applicable. The maximum permissible variation from the ideal body weight is 10%. The weight will be rounded off to the nearest 0.5 kg. If a candidate is underweight by more than 10% below the ideal, a detailed history and careful examination to rule out possible cause like tuberculosis, hyperthyroidism, diabetes etc. will be carried out. If no cause is detected the candidate will be declared fit. If any cause is detected the fitness of the candidate will be decided accordingly.

(b) 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:

(i) BMI should be below 27.

(ii) Waist Hip ratio should be below 0.9 for males and 0.8 for females.

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(iii) Waist circumference should be less than 94 cm for males and 89 cm for females.

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

12. Height and Weight Standards for Female Candidates joining NDA (Air Force).

(a) 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: -

(i)	Sitting height	Minimum	81.5 cm
		Maximum	96.0 cm
(ii)	Leg Length	Minimum	99.0 cm
		Maximum	120.0 cm
(iii)	Thigh Length	Maximum	64.0 cm

The minimum height for entry into Ground Duty branches will be 152 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 (147 cm). In case of candidates from Lakshadweep the minimum acceptable height can be reduced by 2 cm (150 cm).

13. Body Weight Parameters

(a) For female NDA candidates, at entry, the weight chart placed at Appendix '~~B~~ A' will be applicable. The maximum permissible variation from the ideal body weight is 10%. The weight will be rounded off to the nearest 0.5 kg. If a candidate is under-weight by more than 10% below the ideal, a detailed history and careful examination to rule out possible cause like tuberculosis, hyperthyroidism, diabetes etc. will be carried out. If no cause is detected the candidate will be declared fit. If any cause is detected the fitness of the candidate will be decided accordingly.

(b) 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:-

(i) BMI should be below 27.

(ii) Waist Hip ratio should be below 0.9 for males and 0.8 for females.

(iii) Waist circumference should be less than 94 cm for males and 89 cm for females.

(iv) All biochemical metabolic parameters should be within normal limits

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Appendix 'A'

[Refer Para 11 & 13 above]

Male/Female Ideal Nude Weights for Different Age Groups and Heights for NDA (Flying & Ground Duty) Candidates on Entry
(10% variation on higher side of average acceptable)

Height (in cm)	Age Range (in Years) / Weight (in Kgs)			
	15-16	16-17	17-18	18-19
152	41	42.5	44	45
155	42	43.5	45.3	47
157	43	45	47	48
160	45	46.5	48	49
162	46	48	50	51
165	48	50	52	53
167	49	51	53	54
170	51	52.5	55	56
173	52.5	54.5	57	58
175	54.5	56	59	60
178	56	58	61	62
180	58.5	60	63	64.5
183	61	62.5	65	66.5

CARDIOVASCULAR SYSTEM

14. 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.

15. **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.

16. **Blood Pressure:** Candidates 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 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.

17. **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

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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.

18. **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.

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

RESPIRATORY SYSTEM

20. 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.

21. **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.

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

23. **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.

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

25. **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.

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26. **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

27. 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.

28. Bladder diverticulum will be declared as Unfit.

29. **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.

30. **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.

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

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

33. **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 well-healed 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.

34. **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.

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(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.

(c) 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

(aa) Only external skin tags.

(ab) After rectal surgery for polyps, haemorrhoids, fissure, fistula or ulcer, provided there is no residual/ recurrent disease.

(ac) After Anal fissure: Gd IV Hermorrhoids: 12 Weeks

(ad) Pilonidal Sinus: After 12 weeks of surgery

(b) Unfit

(aa) Rectal prolapse even after surgical correction

(ab) Active anal fissure

(ac) Haemorrhoids (external or internal)

(ad) Anal Fistula

(ae) Anal or rectal polyp

(af) Anal stricture

(ag) Faecal incontinence

35. Ultrasonography of Abdomen

(a) Liver

(i) Fit

(aa) Normal echo-anatomy of the liver, CBD, IHBR, portal and hepatic veins with liver span not exceeding 15 cm in the mid- clavicular line.

(ab) Solitary simple cyst (thin wall, anechoic) upto 2.5 cm diameter provided that the LFT is normal and hydatid serology is negative.

(ac) Hepatic calcifications to be considered fit if solitary and less than 1 cm with no evidence of active disease like tuberculosis, sarcoidosis, hydatid disease or liver abscess based on relevant clinical examinations and appropriate investigations.

(b) Unfit

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(aa) Hepatomegaly more than 15 cm in mid-clavicular line.

(ab) Fatty liver – Grade 2 and 3, grade 1 in presence of abnormal LFT.

(ac) Solitary cyst > 2.5 cm.

(ad) Solitary cyst of any size with thick walls, septations, papillary projections, calcifications and debris.

(ae) Multiple hepatic calcifications or cluster > 1 cm.

(af) Multiple hepatic cysts of any size.

(ag) Any haemangioma irrespective of the size and location.

(ah) Portal vein thrombosis.

(aj) Evidence of portal hypertension (PV >13 mm, collaterals, ascites).

36. Gall Bladder

(a) Fit

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

(ii) Post laparoscopic Cholecystectomy. 08 (Normal LFT, normal histopathology).

(iii) Post Operativeen 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.

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37. 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.

38. Pancreas

(a) Unfit

(i) Any structural abnormality.

(ii) Space Occupying Lesion/ Mass lesion.

(iii) Features of chronic pancreatitis (calcification, ductal abnormality, atrophy).

39. Peritoneal Cavity

(a) Unfit

(i) Ascites.

(ii) Solitary mesenteric or retroperitoneal lymph node >1 cm. (Singleretroperitoneal LN <1 cm and normal in architecture may be considered fit).

(iii) Two or more lymph nodes of any size

(iv) Any mass or cyst.

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

41. Appendicectomy.

(a) Laparoscopic Appendectomy will be assessed for post-operative fitness after a minimum period of 04 weeks. Candidate will be considered fit if:-

(i) Post site scars have healed well.

(ii) Scars are supple.

(iii) Histo-pathological report of acute appendicitis is available.

(iv) UCG confirmation of absence of port site incisional hernia.

(b) Open Appendectomy with muscle split approach will be assessed for Post Operative fitness after a minimum period of 12 weeks. Candidates will be considered fit if:-

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(i) Wound has healed well.

(ii) Scar is supple and non tender.

(iii) Histo-pathological report of acute appendicitis is available.

(iv) USG confirmation of absence of surgical site incisional hernia.

(c) Open Appendectomy with muscle cut approach will be assessed for Post Operative fitness after a minimum period of 06 months. Candidates will be considered fit if:-

(i) Wound has healed well.

(ii) Scar is supple and non tender.

(iii) Histo-pathological report of acute appendicitis is available.

(iv) USG confirmation of absence of surgical site incisional hernia.

UROGENITAL SYSTEM

42. 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.

43. 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:

44. 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.

45. Varicocele

(i) Unfit – All grades of current varicocele.

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

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46. **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-operative complications and wound has healed well.

47. 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.

48. Epididymitis/ Orchitis

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

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

49. 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.

50. Penile Amputation. Any amputation will make the candidate unfit.

51. 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.

52. 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.

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

54. Sex reassignment surgery/ Intersex condition. Unfit

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

56. Renal Transplant Recipients. Unfit

57. Urachal Cyst: 08 weeks (to be declared fit in the absence of any remnant).

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58. Urine Examination

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

(b) **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.

(c) **Urinary Infections.** When the candidate has history or evidence of urinary infection it will entail full renal investigation. Persistent evidence of urinary infection will entail rejection.

(d) **Haematuria.** Candidates with history of haematuria will be subjected to full renal investigation.

59. 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.

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

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

62. Ultrasonography of the Abdomen - Urogenital System

63. 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.

(iii) Complex cyst/ polycystic disease/ multiple or bilateral cysts.

(iv) Renal/ ureteric/ vesical mass.

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(v) Hydronephrosis or Hydroureteronephrosis.

(vi) Calculi - Renal/ Ureteric/ Vesical.

(vii) Calyectasis.

(b) Fit –

(i) 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.

(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.

64. 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

65. 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.

66. 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.

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

68. 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

69. 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.

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70. Assessment of Diseases of the Skin. Acute non-exanthematous and non-communicable 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.

71. 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:-

72. 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.

73. 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.

74. Any degree of palmoplantar keratoderma manifesting with hyperkeratotic and fissured skin over the palms, soles and heels should be considered unfit.

75. 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.

76. Candidates having any keloid should be considered unfit.

77. 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.

78. Giant congenital melanocytic naevi, greater than 10 cm should be considered unfit, as there is a malignant potential in such large sized naevi.

79. 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.

80. Psoriasis is a chronic skin condition known to relapse and/or recur and hence should be considered unfit.

81. 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.

82. 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.

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83. 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.

84. 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.

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

86. Pityriasis Versicolor is to be made unfit.

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

88. Scrotal Eczema may be considered fit on recovery.

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

90. Intertrigo may be considered fit on recovery.

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

92. Scabies may be considered fit only on recovery.

93. 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.

Reconstructive Surgery

94. **Gynaecomastia**. Candidates to be considered fit after 12 weeks of post-operative period if:-

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

(b) No Post Operative complication.

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

(d) Normal general physical examination.

(e) Endocrine workup is normal.

95. **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.

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MUSCULOSKELETAL SYSTEM AND PHYSICAL CAPACITY

96. 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

97. 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.

98. Evaluation of Spine

99. 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:

100. Congenital defects overlying the spine e.g. hypertrichosis, skin dimpling, haemangioma, pigmented naevus or dermal sinus.

(a) Presence of lipoma over spine.

(b) Palpable spina bifida.

(c) Abnormal findings on neurological examination.

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

102. Spinal Conditions Unfit for Air Force Duties (Both Flying and Ground Duties)

(a) **Congenital/ Developmental Anomalies**

(i) Wedge Vertebra

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(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 degress 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 movement

(j) 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) **<u>Traumatic Conditions</u>**

(i) Spondylolysis/ Spondylolisthesis

(ii) Compression fracture of vertebra

(iii) Intervertebral Disc Prolapse

(iv) Schmorl's Nodes at more than one level

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(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

103. 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.

(a) Healed Fractures

(i) All infra-acticular fractures especially or major joints (shoulder, elbow, wrist, hip, knee and ankle) with or without surgery, with or without implant shall be considered unfit

(ii) 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.

(iii) 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 consired fit if there is:-

(aa) No evidence of mal alignment/malunion.

(ab) No neuro vascular deficit

(ac) No soft tissue loss

(ad) No function deficit

(ae) No evidence of osteomyelitis/sequestra formation

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104. Fingers and Hands.

(a) **Polydactyly.** Can be assessed for fitness 12 weeks Post Operative. 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 Syncactyly.** Can be assessed for fitness 12 weeks Post Operative. Can be declared fit if there is no bony abnormality (X-Ray), would 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 extension 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 degrees & 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.

105. 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.

106. Elbow. Slight limitation of movement does not bar acceptance provided functional capacity is adequate. Ankylosis will entail rejection. Cubitus Valgus is said to be present when the carrying angle (angle between arm and forearm in anatomical posture) is exaggerated. In absence of functional disability and obvious cause like a fracture mal-union, fibrosis or the like, a carrying angle of upto 15º in male and 18º in female candidates would be made fit.

107. 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.

(a) Measurement Modality: Measured using a goniometer.

(b) Recommendation: Normal elbow extension is 0 degree. 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.

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108. Cubitus Varus of > 5 degree will be unfit.

109. Cubitus Recurvatum: Cubitus recurvatum>10 degrees is unfit.

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

111. **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

112. 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.

113. Hallux rigidus is unfit for service.

114. 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.

115. Loss of any digits/ toes entails rejection.

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

117. **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/herself 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.

118. **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.

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

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

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

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

123. **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.

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

125. Peripheral Vascular System

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

127. 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.

128. Lymphoedema. History of past/ current disease makes the candidate unfit.

CENTRAL NERVOUS SYSTEM

129. 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.

130. History of insomnia, phobias, nightmares or frequent sleepwalking or Bed-wetting, when recurrent or persistent, will be a cause for rejection.

131. 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/her consult his/her 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.

132. 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

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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.

133. 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.

134. 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.

135. 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.

136. 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.

137. 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.

138. 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.

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

140. 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

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employment and social maladjustment records, history of nervous breakdown or chronic ill-health, particularly if these have interfered with employment in the past.

141. Any evident neurological deficit should call for rejection.

142. 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 (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.

143. 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.

144. **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.

145. 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.

146. **Hyperstosis Frontalis Interna.** Will be considered fit in the absence of any other metablic abnormality.

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EAR, NOSE AND THROAT

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

148. **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 dimention 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.

(d) Atrophic rhinitis.

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

(f) 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.

149. **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.

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(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.

150. **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.

151. 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.

152. 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.

153. 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.

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

155. **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 between 250 and 8000 Hz.

(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.

156. **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.

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157. **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 04 weeks. Post surgery histopathological 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.

158. **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.

(b) Attic, central or marginal perforation.

(c) 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.

(d) Any residual perforation in cases of old otitis media.

(e) Marked retraction or restriction in TM mobility on pneumatic otoscopy.

(f) Any hearing impairment on forced Whisper test.

(g) Deranged pure tone audiometry thresholds.

(h) Tympanometry showing patterns other than Type 'A' tympanogram.

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

(k) 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

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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.

159. **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

160. 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.

161. **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.** Candidates 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

(c) **Exotropia.** Unfit

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

(e) **Heterochromia irides.** Unfit

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

(g) **Pseudophakia.** Unfit

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(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 vascularised pterygium 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 any 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 following 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.

(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

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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 either or both eyes.

(iii) Radial lattices

(iv) Any lattice with atrophic hole/flap tears (Unlasered)

(v) Lattice degeneration posterior to equator

(w) 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.

(x) **Keratoconus.** Keratoconus is Unfit.

162. **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.

163. **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.

164. **Refractive Surgeries.** Candidates who have undergone Keratorefractive surgeries (Photo Refractive Keratotomy or PRK, Laser in-situ Kearomileusis (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:-

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(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.

165. 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

166. 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

167. 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 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

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should be rejected. Standards for assessment of Ocular Muscle Balance **are detailed in Appendix 'D'** to notification.

168. 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 FOR MALE/FEMALE CANDIDATES 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 Candidates at NDA and 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
2.	A4G1	10+2/NDA Entry to Ground duty branches of IAF (AE(L), Adm, Lgs)	Hypermetropia: + 2.5D Sph Myopia: -2.5D Sph Astigmatism: +/- 2.0D Cyl	Uncorrected VA 6/36 & 6/36 Best Corrected VA 6/6 & 6/6	CP II for AE(L)/ Adm CP III only for Lgs

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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 Candidates at NDA and Flt Cdts of F (P) at AFA should conform to A1G1 F (P) standard (S1. No. 1 of Appendix C)

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 FOR MALE/FEMALE CANDIDATES

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

169. 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.

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170. 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.

171. 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.

172. 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.

173. 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 female, may be accepted.

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

175. **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.

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

177. 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

178. 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.

179. **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:-

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(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.

EXTRA ORAL EXAMINATION

180. **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.

181. **Functional examination**

(a) 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.

(b) Mouth Opening. A mouth opening of less than 30 mm measured at the incisal edges will be reason for rejection.

182. **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.

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(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 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:-

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(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.

183. 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/ maxillofacial trauma.** 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.

ASSESSMENT OF WOMEN CANDIDATES

184. History. Detailed menstrual and obstetric history, in addition to general medical history must be taken and recorded. If a history of menstrual, obstetric or pelvic abnormality is given an opinion of gynaecologist is to be obtained.

(a) **Clinical Examination**

(i) **General Medical and Surgical Standards**

(aa) Any lump in the breast will be a cause for rejection. Cases of fibroadenoma breast after successful surgical removal may be considered fit with the opinion of a surgical specialist and a normal histopathological report.

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(ab) Galactorrhoea will be cause for temporary unfitness. Fitness after investigation/treatment may be considered based on merits of the case and opinion of the concerned specialist.

(ac) Amazia, Polymazia and Polythelia (accessory nipple) will be considered unfit.

(b) **Gynaecological Examination.** The examination should cover external genitalia, hernia orifices and the perineum, any evidence of stress urinary incontinence or genital prolapsed outside introitus. All married candidates should be subjected to speculum examination for any prolapsed or growth on cervix or vagina. In unmarried candidates, speculum or per vaginal examination will not be carried out. Ultrasound scan of lower abdomen and pelvis is mandatory in all female candidates during the initial medical examination. Any abnormality of external genitalia will be considered on merits of each case.

(i) Following conditions are acceptable:

(aa) Congenital elongation of cervix which comes up to introitus.

(ab) Arcuate type of congenital uterine anomaly.

(ii) Following conditions will entail rejection of the lady candidates:

(aa) Primary or secondary amenorrhoea. Amenorrhoea without pregnancy will be investigated and fitness will be considered on merits after examination and investigation by gynaecologist.

(ab) Severe menorrhagia or/ and severe dysmenorrhoea.

(ac) Stress urinary incontinence.

(ad) Congenital elongation of cervix or complete prolapse which comes outside the introitus even after corrective surgery. (Complete prolapse of uterus will be a cause for rejection. Minor degree, after surgical correction, may be considered for fitness on merits).

(ae) Acute or chronic pelvic infection, Endometriosis and Adenomyosis.

(af) Disorders of sexual differentiation.

(ag) Significant hirsutism especially with male pattern of hair growth is seen.

(iii) Any other gynaecological condition not covered above will be considered on merits of each case by gynecologist.

(c) **Pregnancy.** Pregnancy would be cause for temporary rejection. The individual would be advised to report again to the hospital 24 weeks after an uncomplicated vaginal delivery. In case of any MTP/Abortion the review will be carried out after a period of minimum four weeks and up to 12 weeks. However, in case of caesarean section delivery, lady candidate would remain unfit for a period of 52 weeks. The individual would then be examined by the Gynaecologist and assessed regarding her fitness. In cases wherein, a time period of more than six months has elapsed, post her initial medical examination, she would be subjected to repeat complete medical examination as per the existing regulations.

(d) **Ultrasonography of lower abdomen and pelvis for women candidates.** This would be done as per existing orders.

(i) **Fit**

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(aa) Single small fibroid uterus (3 cm or less in diameter) without symptoms.

(ab) Unilocular clear ovarian cyst less than 6 cm in diameter.

(ac) Congenital elongation of cervix (which come up to introitus).

(ad) Arcuate uterus type of congential uterine anomaly.

(ae) Minimal fluid in Pouch of Douglas.

(ii) **Unfit**

(aa) Candidates with fluid in Pouch of Douglas with internal echoes.

(ab) Uterus. Absence of uterus or any congenital structural abnormality except Arcuate Uterus.

(ac) Fibroids

(aaa) Multiple fibroid more than 02 in number, with larger one >15 mm in size.

(aab) Single fibroid larger than 3 cm in size.

(aac) Any fibroid causing distortion of endometrial cavity.

(ad) Adenomyosis

(ae) Adnexa

(aaa) Simple ovarian cyst 06 cm or more in size.

(aab) Complex ovarian cyst of any size.

(aac) Endometriosis

(aad) Hydrosalpinx.

(iii) During Appeal Medical Board/Review Medical Board, unfit candidates will be subjected to specific investigations and detailed clinical examination. Fitness for specific conditions will be decided as given below:-

(aa) Fluid in POD with internal echoes will be assessed with TLC, DLC and C reactive protein. Senior Adviser (Obs and Gynae) to opine on fitness.

(ab) Endometrial thickness > 15 mm or residual echogenic shadows in endometrial cavity. Senior Adviser (Obs and Gynae) to opine on fitness.

(e) **Medical Fitness after Laparoscopic Surgery or Laparotomy.** Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit if she is asymptomatic, ultrasound pelvis is normal, histopathology report of removed tissue shows benign pathology and per operative findings are not suggestive of endometriosis. Fitness to be considered after laparoscopic surgery once the wound has healed fully. Candidate will be considered FIT after caesarean section and laparotomy after one year of the surgical procedure.

Note: The above standards are only broad guidelines. The details of medical standards laid down in section III of IAP 4303 (5th edition) and DGAFMS policy on "Common Medical Standards for Officers entry into Armed Forces" are final and supersedes the above.

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APPENDIX-III

(BRIEF PARTICULARS OF THE SERVICE ETC.)

1. Before a candidate joins the Academy, the parent or guardian will be required to sign :—

(a) A certificate to the effect that he fully understands that he/she or his/her son or ward shall not be entitled to claim any compensation or other relief from the Government in respect of any injury which his son or ward 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) A bond to the effect that if, on account of his dismissal or discharge or withdrawal from National Defence Academy for knowingly furnishing false particulars or suppressing material information in his application for admission to the said National Defence Academy or in the event of his/her being voluntarily resigning from the said, National Defence Academy or for any reason not beyond the control of the cadet, he/she does not complete the prescribed period of training, or he/she, the cadet, does not accept a Commission if offered as conventated above, then the Guarantors and the cadet shall jointly and severally be liable to pay forthwith to Government in cash sums as the Government shall fix but not exceeding such expenses as shall have been incurred by the Government on account of the Cadet on his/her training and all the money received by the Cadets as pay and allowance from the Government together with interest on the said money calculated at the rate in force for Government loans.

2. The cost of training including accommodation, books, uniforms, boarding and medical treatment will be borne by the Government. Parents or guardians of cadets, will, however, be required to meet their pocket and other private expenses. Normally these expenses are not likely to exceed Rs. 3000.00 p.m. If in any case a cadet's parents or guardian is unable to meet wholly or partly even this expenditure financial assistance of Rs. 1000.00 p.m. for the period of training may be granted by the Government whose parents income is less than Rs. 21,000/- per month. Cadet whose parent's or guardian's income exceeds Rs. 21,000/- per month will not be liable for the assistance. If more than one son/ward simultaneously undergoing training at NDA, IMA, OTA and corresponding training establishment in the Navy and Air Force, then BOTH would be eligible for the financial assistance.

The parent/guardian of a candidate desirous of having financial assistance from the Government should immediately after his son/ward having been finally selected for training at the National Defence Academy submit an application through the District Magistrate of his District who will forward the application with his recommendation to the Commandant, National Defence Academy, Khadakwasla, Pune – 411023.

3. Candidates finally selected for training at the Academy will be required to deposit the following amount with the Commandant, National Defence Academy, on their arrival there :—

(a)	Pocket allowance for five months @ Rs. 3000.00 per month.	Rs. 15000.00

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(b)	For items of clothing and equipment (Cost of clothing and equipment for candidates will be intimated subsequently at the time of Joining Instructions)	
(c)	Army Group Insurance Fund	Rs. 7200.00
(d)	Clothing items required at the time of joining (Cost of clothing and equipment for candidates will be intimated subsequently at the time of Joining Instructions)	
(e)	Incidental Expenditure during 1st Semester	Rs. 13176.00
	Total (less Ser (b) & (d) to be added later)	**Rs. 35376.00**

Out of the amount mentioned above the following amount is refundable to the candidates in the event of financial aid being sanctioned to them:—

(a) Pocket Money Allowance @ Rs 1000.00 Per Month.

(b) For items of clothing and equipment (Brought at the time of joining)

4. The following Scholarships/Financial Assistance are tenable at the National Defence Academy.

(1) PARASHURAM BHAU PATWARDHAN SCHOLARSHIP— This Scholarship is granted to cadets overall first in Academics of Passing out Course. One time scholarship amount is Rs. 5000/-.

(2) COLONEL KENDAL FRANK MEMORIAL SCHOLARSHIP— This scholarship is of the value of Rs. 4800.00 per annum and awarded to a MARATHA cadet who should be the son of an ex-serviceman. The scholarship is in addition to any financial assistance from the Government.

(3) ASSAM GOVERNMENT SCHOLARSHIP—Two scholarships will be awarded to the cadets from ASSAM. The value of each scholarship is Rs. 30.00 per mensem and is tenable for the duration of a cadet's stay at the National Defence Academy. The scholarships will be awarded to the two best cadets from ASSAM without any reference to the income of their parents. The cadets who are granted this scholarship will not be entitled to any other financial assistance from the Government.

(4) UTTAR PRADESH GOVERNMENT INCENTIVE SCHEME—Uttar Pradesh Sainik Punarvas Nidhi a Trust under Hon'ble Governor of Uttar Pradesh has started a incentive scheme for cadets joining NDA/IMA/OTA/AF Academy/Naval Academy/Female Entry who are wards of ex servicemen/widows upto JCO rank and are domicile of State of Uttar Pradesh in which there is a provision of ~~one time~~ grant of Rs 50,000/- for each cadet selected as a special incentive.

(5) KERALA GOVERNMENT SCHOLARSHIPS— All male/female cadets irrespective of gender and without any pre conditions to all Kerala state cadets who are admitted to OTA,NDA, IMA, Naval Academy, Air force Academy, Armed Forces Medical College, RIMC Schools, as a consolation shall be granted Rs 2,00,000/- only and those

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who get admission to Military, Naval and Air force Nursing Schools shall be granted as a consolation Rs 1,00,000/-.

(6) BIHARI LAL MANDAKINI PRIZE— This is cash prize of Rs. 500.00 available for the best BENGALI boy in each Course of the Academy. Application Forms are available with the Commandant, National Defence Academy.

(7) ORISSA GOVERNMENT SCHOLARSHIPS— These scholarships, one for the Army, one for the Navy and the other for the Air Force of the value of Rs. 80.00 each per month will be awarded by the Government of Orissa to the cadets who are permanent residents of the State of ORISSA. Two of these scholarships will be awarded on the basis of merit-cum-means of the cadets whose parent's or guardian's income does not exceed Rs. 5,000/- per annum and the other one will be given to the best cadet irrespective of his parent's or guardian's income.

<table>
<tr><th>S.No</th><th>State Government</th><th>Amount</th><th>Eligibility</th></tr>
<tr><td rowspan="2">(8)</td><td>West Bengal
(i) The cadet must be *Income Initial Lump sum grant-parent must be Scholarship per semester</td><td>Low Middle High
5000/- 3750/ 2500/-
1800/- 1350/- 900/-</td><td rowspan="2">(i) The cadet must be Indian Citizen and the cadet and/or his of/or permanently domiciled in the State of West Bengal.

(ii) The Cadet is not in receipt of any other financial assistance / grant from the Govt. of India and/or the State Government or any other authority excepting scholarship or stipend received on merit.</td></tr>
<tr><td colspan="2">Table Income group
Low - up to Rs. 9000/-pm
Middle - Rs. 9001/- to Rs. 18000/-pm
High - Above 18000/-pm</td></tr>
<tr><td>(9)</td><td colspan="2">Goa Rs. 1000/- per month during the period of training (subject to a maximum of 24 months or duration of the course whichever is less) & one time outfit allowance of Rs. 12,000/-</td><td>(i) The income limit of the cadet's parent/guardian shall not exceed Rs. 15,000/- pm (Rs. 1,80,000/- per annum).

(ii) The income limit of those belonging to SC/ST/OBC should not exceed Rs. 37,500/- per month (Rs. 4,50,000/- per annum).

(iii) He should not be receiving financial assistance/ freeship from any other source.</td></tr>
</table>

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(10)	Nagaland	Rs. 1,00,000/- onetime payment	Should be domicile of Nagaland State.
(11)	Manipur	Rs. 1,00,000/- onetime payment	Should be domicile of Manipur State.
(12)	Arunachal Pradesh	Scholarship Rs.1,000/- pm One time outfit Allowance Rs. 12,000/-	Should be domicile of Arunachal Pradesh State.
(13)	Gujarat	Scholarship Rs. 6,000/- per annum	To the ward of Serving/Ex-servicemen (incl Ex/Serving Officer) of Native/Domicile of Gujarat.
(14)	<u>Uttarakhand</u> (a) Pocket Money Rs. 250/- pm for NDA Cadets of Uttarakhand domicile is paid to father/guardian of cadets (Ex-Servicemen/Widow, through respective Zilla Sainik Kalyan Officers.) (b) Cash Award of Rs. 50,000/- for NDA Cadets of Uttarakhand domicile is paid to father/guardian of cadets through Directorate of Higher Education, Haldwani.		
(15)	Punjab	Rs. 1,00,000/-(one time payment)	Should be domicile of Punjab State.
(16)	State Govt. Sikkim	Rs.1.5 lakhs for all Offrs entry schemes	Award for successful candidates of Sikkim for all Officer'sentry schemes.
(17)	<u>Fg Officer Anuj Nanchal Memorial Scholarship.</u> (One time payment) to the first and second best all round Air Force cadets of VIth term amounting to Rs 1500/- and Rs 1000/- respectively.		

(18) HIMACHAL PRADESH GOVERNMENT SCHOLARSHIP— Four scholarships will be awarded to cadets from HIMACHAL PRADESH. The value of each scholarship is Rs. 30.00 per month during the first two years of training and Rs. 48.00 per month during the third year of training. These scholarships will be available to those cadets whose parent's income is below Rs. 500.00 per month. No cadet in receipt of financial assistance from the Government will be eligible for this scholarship.

(19) TAMIL NADU GOVERNMENT SCHOLARSHIP—The Government of Tamil Nadu has instituted at NDA one scholarship per course of the value of Rs. 30/- per month plus an outfit allowance of Rs. 400/- (one only during the entire period of cadet's training) to be awarded to a cadet belonging to the State of TAMIL NADU whose parent's/guardian's monthly income does not exceed Rs. 500/-. The application by an eligible cadet can be made to the Commandant, National Defence Academy on their arrival.

In addition to the existing Scholarships, Directorate of Ex-Servicemen Welfare, Chennai under Tamil Nadu Government has sanctioned a onetime grant of Rs.1,00,000/- (Rupees One Lakh Only) to the eligible children of Ex-Servicemen who join NDA/IMA/Naval or Air Force Academy as Permanent Commissioned Officers.

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(20) KARNATAKA GOVERNMENT SCHOLARSHIPS— The Govt. of Karnataka has awarded scholarships to cadets from Karnataka State who join the National Defence Academy. The value of the scholarship shall be Rs.1,500/- (Rupees One Thousand Five Hundred only) per month and outfit allowance ~~of~~ in first term Rs.18,000/- per annum.

(21) ALBERT EKKA SCHOLARSHIP—The Government of Bihar has instituted at NDA 25 Merit Scholarships at Rs. 50/- per month for entire period of six terms at the NDA and Rs. 650/- one time towards clothing and equipment. The cadet awarded the above merit scholarship would not be eligible for any other scholarship or financial assistance from the Government. The application by an eligible cadet can be made to the Commandant, National Defence Academy on their arrival.

(22) FG OFFICER DV PINTOO MEMORIAL SCHOLARSHIP— Gp Capt. M Vashishta has instituted 3 scholarships of Rs. 125/- each per month at NDA for one term to be awarded to the first three cadets in the order of merit on completion of their first semester till end of second term. The cadets in receipt of Govt. Financial Assistance will not be eligible for the above scholarships. The application for eligible cadets can be made to the Commandant, NDA on arrival.

(23) FINANCIAL ASSISTANCE TO WARDS OF EX-SERVICEMEN— MAHARASHTRA STATE— The wards of Maharashtrian ex-service officers/men who are undergoing training as cadets at NDA will be given Rs. 50,000/- as one time incentive.

The parents/guardians of the wards should submit their applications to their respective Zilla Sainik Welfare Office along with the certificates obtained from the Academy. Terms and conditions governing these scholarships are obtainable from the Commandant, National Defence Academy, Khadakwasla, Pune – 411 023.

(24) AWARD OF FINANCIAL ASSISTANCE TO CANDIDATES OF HARYANA DOMICILE UNDER TRAINING AT NDA— The Haryana State Govt. has declared a cash award of Rs. 1,00,000/- (Rupees one lakh) to every individual who successfully completes the training at NDA/IMA/OTA and other Defence Academies of National Status and domicile of State of Haryana.

(25) INCENTIVE GRANT TO CADETS DOMICILE OF UT, CHANDIGARH UNDER TRAINING AT NDA— Chandigarh Administration has introduced the scheme for grant of one time incentive of Rs. 1,00,000/- (Rupees one lakh) to the cadets who are resident of UT, Chandigarh and joined NDA.

(26) SCHOLARSHIP/GRANT FOR NCT DELHI — The cadets undergoing training at NDA and who are bonafide residents of NCT Delhi will get a monthly grant of Rs 2000/-. A bonafide resident would means those cadets whose permanent home address recorded in the documents at the time of joining NDA is that of National Capital Territory of Delhi (and does not include NCR). This would be needed to be supported with a copy of the residence proof (Aadhaar Card, Voter Identity Card, Service Records of their parent etc.)

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TRAINING

5. The selected candidates for the three services viz, Army, Navy and Air Force are given preliminary training both academic and physical for a period of 3 years at the National Defence Academy which is an Inter-Service Institution. The training during the first two and half years is common to the cadets of three wings. All the cadets on passing out will be awarded degrees from Jawaharlal Nehru University Delhi as under:-

(a)	Army Cadets	-	B.Sc/ B.Sc (Computer)/ B.A
(b)	Naval Cadets	-	B. Tech Degree*
(c)	Air Force Cadets	-	B. Tech Degree* /B.Sc/B.Sc (Computer)

Note* : All the cadets undergoing B.Sc/B.SC(Computer)/BA Degree programme shall be awarded the degree on the successful completion of Academics, Physical and Service Training at NDA. All the cadets undergoing B Tech programme shall be awarded the B.Tech degree on the subsequent Pre Commissioning Training Academies/ Institutions/ Ships/ Air Craft.

The selected candidates of the Naval Academy will be given preliminary training both academic and physical, for a period of 04 years at Indian Naval Academy, Ezhimala. The cadets of 10+2 Cadet Entry Scheme will be awarded a B. Tech Degree on successful completion of training.

6. On passing out from the National Defence Academy, Army Cadets go to the Indian Military Academy, Dehra Dun, Naval Cadets to Indian Naval Academy, Ezhimala and Air Force cadets and Ground Duty-Non Tech streams to Air Force Academy, Hyderabad and Air Force cadets of Ground Duty–Tech stream to Air Force Technical College, Bengaluru.

7. At the I.M.A, Army Cadets are known as Gentlemen/Lady Cadets and are given strenuous military training for a period of one year aimed at turning them into officer capable of leading infantry Sub-units. On successful completion of training Gentlemen/Lady Cadets are granted Permanent Commission in the rank of Lt subject to being medically fit in "SHAPE" one.

8. (a) The Naval cadets are selected for the Executive Branch of the Navy, on passing out from the National Defence Academy and are given further training at Indian Naval Academy, Ezhimala for a period of one year on successful completion of which they are promoted to the rank of Sub Lieutenants.

(b) Selected candidates for the Naval Academy under (10+2 Cadet Entry Scheme) will be inducted as Cadets for four year B.Tech course in Applied Electronics & Communication Engineering (for Executive Branch), Mechanical Engineering (for Engineering Branch including Naval Architect specialization) or Electronics & Communication Engineering (for Electrical Branch) as per Naval requirements. On completion of the course, B. Tech Degree will be awarded by Jawaharlal Nehru University (JNU).

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9. (a) Air Force Flying Branch Cadets receive flying training for a period of one and a half years. On successful completion of one year of basic flying training (Pilots), they are granted Permanent Commission (on probation) in the rank of Flying Officer, for a period of six months. Permanent Commission is then confirmed in respect of those officers who successfully complete the flying training conversion course for pilots lasting for a period of approximately six months..

(b) Air Force Ground Duties Branch Cadets are granted Permanent Commission (on probation) in the rank of Flying Officer, for six months on successful completion of training at AFA. On successful completion of the probationary period of approximately six months, the Permanent Commission is then confirmed.

TERMS AND CONDITIONS OF SERVICES

10. Army Officers and equivalent ranks in Air Force and Navy

(a) **Fixed Stipend for Cadet Training:-**

Stipend to male/female Cadets during the entire duration of training in Service academies i.e. during training period at IMA.	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.

(b) **Pay**

(i)

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

(ii) **MSP to the officer is as follows:-**

Military Service Pay(MSP) to the officers from the rank of Lt to Brig	Rs 15,500 p.m. fixed

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(iii) **Risk and Hardship Matrix:** Matrix for Risk and Hardship allowance has been introduced by the 7th CPC as given below:-

RH Max Offr–Rs 42500		HARDSHIP		
		HIGH	**MEDIUM**	**LOW**
	HIGH	R1H1 Offr – Rs. 25000 • Flying allowance • MARCOS & Chariot allowance • Special Forces Allowance • Submarine allowance • COBRA allowance • High Altitude allowance – Cat III	R1H2 Offrs – Rs. 16900 • HAFA allowance • CI (Fd) allowance (CI Mod Fd @77% of CI Fd)	R1H3 Offrs – Rs. 5300 • Hosp Patient Care allowance (HPCA) • Patient Care allowance (PCA) • Test Pilot and Flt Engr allowance
	MED	R2H1 Offr – Rs. 16900 Nil	R2H2 Offrs – Rs. 10500 • Fd Area allowance (Mod Fd Area @ 60% of Fd area allowance) • CI (Peace) allowance • Sea going allowance • Free Fall Jump instr allowance • Para Jump Instr allowance • Para allowance	R3H3 Offrs – Rs. 3400 Nil
	LOW	R3H1 Offr – Rs. 5300 • High altitude allowance - Cat II • Tough location allowance-I • Boiler watch keeping allowance • Submarine duty allowance	R3H2 Offrs – Rs. 3400 • High altitude allowance - Cat I • Tough location allowance-II • Project allowance • Compensatory (Const or svy) allowance • Hydro Svy allowance (except non-surveyors)	R3H3 Offrs – Rs. 1200 • Tough location allocance-III • Cooking allowance • Hardlying money (full rate) • Health and malaria allowance • Special LC Gate allowance • Submarine Tech allowance • Hydro Svy allowance (for non-surveyors)

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(iv) **Other allowance:-**

Dearness Allowance	Admissible at the same rates and under the same conditions as are applicable to the civilian personnel from time to time.
Para Allce	Rs 10,500/- pm
Para Reserve Allce	Rs 2,625/- pm
Para Jump Instructor Allce	Rs 10,500/- pm
Project Allce	Rs 3,400/- pm
Special Forces Allce	Rs 25,000/- pm
Technical Allce (Tier-I)	Rs 3,000/- pm
Technical Allce (Tier-II)	Rs 4,500/- pm

(v) **Uniform allowance.** Rs 20,000/- per year.

(vi) **Ration in Kind.** In peace and Field areas

(vii) **Transport Allowance (TPTA)**

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

(viii) **Children Education Allowance**. Rs. 2250/- per month per child for two eldest surviving only. CEA is admissible from Nursery to 12th Class.

(ix) **Hostel Subsidy**. Rs. 6,750/- per month per child for two eldest surviving only. Hostel Subsidy is admissible from Nursery to 12th Class.

(x) 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:

(I) **IN CASE OF DISABLEMENT**

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

(ii) Ex-gratia disability award @ Rs. 16200/- 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

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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 (IBM).

(II) **IN CASE OF DEATH**

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

(ii) Monthly Ex-gratia amount of Rs. 9000/- per month to the NoK.

Note: 1. 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.

2. Dearness Relief at applicable rates shall be granted on monthly ex-gratia as well as ex-gratia disability award.

11. (a) Army Group Insurance Fund provides insurance cover of Rs.15 lakh on payment of one time non-refundable premium of Rs. 7,200/- (subject to revision from time to time) by cadets from the date of joining for pre-commission training i.e. for 3 years. If a cadet is relegated an additional premium of Rs. 1,355/- (subject to revision from time to time) per relegated term will be paid. For those who are invalidated out by IMB on account of disability and not entitled to any pension will be provided Rs.15 lakhs for 100 per cent disability. This will be proportionately reduced to Rs 3 lakhs for 20 per cent. However, for less than 20 percent disability, only an Ex-Gratia Grant of Rs. 50,000/- for first two years of training and Rs. 1 lakh during the third year of training will be paid. Disability due to alcoholism, drug addiction and due to the diseases of pre-enrolment origin will not qualify for disability benefit and Ex-Gratia Grant. In addition, cadets withdrawn on disciplinary grounds, expelled as undesirable or leaving the Academy voluntarily will also not be eligible for disability benefits and Ex-Gratia. There is no saving component under the scheme.

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

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12. PROMOTIONAL AVENUES:

S.No.	Army	Navy	Air Force	Minimum Reckonable Commissioned Service required for Substantive Promotion
1.	**2.**	**3.**	**4.**	**5.**
(a)	Lieutenant	Sub Lieutenant	Flying Officer	On Commission
(b)	Captain	Lieutenant	Flight Lieutenant	02 Years
(c)	Major	Lt. Commander	Squadron Leader	06 years
(d)	Lieutenant Colonel	Commander	Wing Commander	13 years
(e)	Colonel (Selection)	Captain (Selection)	Group Captain (Selection)	On Selection
(f)	Colonel (Time Scale)	Captain (Time Scale)	Group Captain (Time Scale)	26 years
(g)	Brigadier	Commodore	Air Commodore	On Selection
(h)	Major General	Rear Admiral	Air Vice Marshal	On Selection
(i)	Lieutenant General	Vice Admiral	Air Marshal	On Selection
(j)	General	Admiral	Air Chief Marshal	On Selection

13. RETIREMENT BENEFITS

Pension, gratuity and casualty pensionary award will be admissible in accordance with the rules in force from time to time.

14. LEAVE

Leave will be admissible in accordance with the rules in force from time to time.

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