

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 with regard to Physical Standards for Candidates for Combined Defence Services Examination.

Note-I : 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 guidelines 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.

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

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

- (i) Wax (ears)
- (ii) Deviated Nasal Septum
- (iii) Hydrocele/Varicocele/Phimosis
- (iv) Overweight/Underweight
- (v) Piles and
- (vi) Gynaecomastia

Note-II: Permanent body tattoos are only permitted on inner face of forearm i.e from inside of elbow to the wrist and on the reverse side of palm/back (dorsal) side of hand. Permanent body tattoos on any other part of the body are not acceptable and candidates will be barred from further selection. Tribes with tattoo marks on the face or body as per their existing custom and traditions will be permitted on a case to case basis. Commandant Selection Centre will be competent authority for clearing such cases.

1. A candidate recommended by the Services Selection Board will undergo a medical examination by a Board of Service Medical Officers. Women candidates will undergo Medical Examination by a Medical Board comprising male/female doctors/specialists/Gynaecologist. There will be a Lady Medical Officer as Member of Board. Only those candidates will be admitted to the Academy who are declared

fit by the Medical Board. However, the candidates declared unfit will be intimated by the President of the Medical Board and procedure for request for an Appeal Medical Board (AMB) will also be intimated to the candidate.

Candidates who are unfit may apply for Appeal Medical Board (AMB) to be completed within 42 days of SMB and may request for Review Medical Board (RMB) within one day of completion of Appeal Medical Board. Candidates declared unfit by AMB will be intimated by the President AMB about procedure of challenging the findings of AMB. The candidates will also be intimated that holding 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 DG Rtg. (CDSE) Army HQ., West Block-III, R.K. Puram, New Delhi-110066 and DMS(MB)/DGMS (Air), Air HQ, R.K. Puram in case of AF candidates and a copy of the same is handed over to the President of AMB. The O/o the DGAFMS will inform the date and place (Delhi and Pune only) where the candidate will appear for a RMB. The candidate must be physically fit according to the prescribed physical standards which are summarized below:

- (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 duties.
- (b) There should be no evidence of weak constitution, bodily defects or underweight. The candidate should not be overweight or obese.
- (c) The minimum acceptable height for male candidates is 157.5 cms. (157 cms for Navy and 162.5 cms for Air Force). For Women candidates minimum acceptable height is 152 cms. For Gorkhas and individuals belonging to hills of North-Eastern region of India, Garhwali and Kumaon, the Minimum acceptable height will be 5 cms less. In case of candidates from Lakshadweep, the minimum acceptable height can be reduced by 2 cms.

These concessions are not applicable for Air Force Height and Weight standards are given below for Army and Navy only. Interpolation for weights against height not mentioned may be done.

Height and Weight Standards (Males)

Height in Centimetres (Without shoes)	Weight in Kgs.			
	18 years	20 years	22 years	24 years
152	44*	46	47	48
155	46	48@	49	50
157	47	49	50	51
160	48	50	51	52

162	50	52	53	54
165	52	53	55	56
168	53	55	57	58
170	55	57	58	59
173	57	59	60	61
175	59	61	62	62
178	61	62	63	64
180	63	64	65	66
183	65	67	67	68
185	67	69	70	71
188	70	71	72	74
190	72	73	74	76
193	74	76	77	78
195	77	78	79	81

*45 for Navy @ 47 for Navy

A \pm 10% (for Navy) departure from the average weight given in the Table above is to be considered within normal limit. However, in individuals with heavy bones and broad built as well as individuals with thin built but otherwise healthy this may be relaxed to some extent on merit.

Height and Weight Standards (Females)

Height in Centimetres (Without shoes)	Weight in Kgs.		
	20 years	25 years	30 years
148	39	41	43
150	40	42	43.5
153	42	43.5	45
155	43	44	46
158	45	46	48
160	46	47	49
163	47	49	51
165	49	51	53
168	50	52	54

The acceptable weight for Air Force candidates will be $\pm 10\%$ of the average weight given below: –

MALE IDEAL WEIGHTS IN KG FOR DIFFERENT AGE GROUPS AND HEIGHTS
FOR FAT % (<20) OF NORMAL INDIVIDUALS
FOR AIR FORCE

Ht. in mm	Age Range							
	15-17	18-22	23-27	28-32	33-37	38-42	43-47	>48
1520	46	47	50	54	54	54	55	54
1530	47	47	51	55	55	54	56	54
1540	47	48	51	56	55	55	57	55
1550	48	49	52	56	56	56	57	56
1560	48	49	53	57	57	56	58	56
1570	49	50	54	58	58	57	58	57
1580	49	50	54	58	58	58	59	58
1590	50	51	55	59	59	59	60	58
1600	51	52	56	59	60	59	60	59
1610	51	52	56	60	60	60	61	60
1620	52	53	57	61	61	61	62	60
1630	52	54	58	61	62	61	62	61
1640	53	54	59	62	63	62	63	62
1650	53	55	59	63	63	63	64	62
1660	54	56	60	63	64	64	64	63
1670	54	56	61	64	65	64	65	64
1680	55	57	61	65	65	65	65	65
1690	55	57	62	65	66	66	66	65
1700	56	58	63	66	67	67	67	66
1710	56	59	64	66	68	67	67	67
1720	57	59	64	67	68	66	68	67
1730	58	60	65	68	69	69	69	68
1740	58	61	66	68	70	69	69	69
1750	59	61	66	69	71	70	70	69
1760	59	62	67	70	71	71	71	70
1770	60	62	68	70	72	72	71	71
1780	60	63	69	71	73	72	72	71
1790	61	64	69	72	73	73	73	72
1800	61	64	70	72	74	74	73	73
1810	62	65	71	73	75	75	74	73
1820	62	66	72	74	76	75	74	74
1830	63	66	72	74	76	76	75	75
1840	64	67	73	75	77	77	76	75
1850	64	68	74	75	78	77	76	76
1860	65	68	74	76	78	78	77	77
1870	65	69	75	77	79	79	78	77
1880	66	69	76	77	80	80	78	78
1890	66	70	77	78	81	80	79	79
1900	67	71	77	79	81	81	80	79
1910	67	71	78	79	82	82	80	80
1920	68	72	79	80	83	82	81	81

1930	68	73	79	81	83	83	81	82
SD	6.0	6.3	7.1	6.6	6.9	6.8	5.8	7.26

(i) Chest should be well developed. The minimum range of expansion after full inspiration should be 5 cms. The measurement will be taken with a tape so adjusted that its lower edge should touch the nipple in front and the upper part of the tape should touch the lower angle of the shoulder blades behind. X-ray of the chest is compulsory and will be taken to rule out any disease of the chest. Routine X-ray Spine is not carried out for Navy Candidates.

(ii) There should be no mal-development or impairment of function of the bones or joint.

(iii) A candidate should have no past history of mental breakdown or fits.

(iv) The hearing should be normal. A candidate should be able to hear a forced whisper with each ear at a distance of 610 cms in a quiet room. There should be no evidence of present or past disease of the ear, nose and throat. There is no impediment of speech.

(v) There should be no signs of functional or organic disease of the heart and blood vessels, Blood pressure should be normal.

(vi) There should be no enlargement of liver or spleen. Any evidence of disease of internal organs of the abdomen will be a cause for rejection.

(vii) Un-operated hernias will make a candidate unfit. In case of Hernia which has been operated, a minimum of six months must have passed prior to final medical examination.

(viii) There should be no hydrocele, varicocele or piles.

(ix) Urine examination will be done and any abnormality if detected will be a cause for rejection.

(x) Any disease of skin which is likely to cause disability or disfigurement will also be a cause for rejection.

(xi) USG abdomen examination will be carried out and any congenital structural anomaly or disease of the abdominal organs will be a cause for rejection.

(xii) The candidates should have sufficient number of natural and sound teeth. A minimum of 14 dental points will be acceptable. When 32 teeth are present, the total dental points are 22. A candidate should not be suffering from severe pyorrhoea.

(xiii) Vision Standards for Naval Candidates :-

Uncorrected without glasses : 6/12, 6/12

Corrected with glasses : 6/6, 6/6

Limits of Myopia	:	-1.5D
Limits of Hypermetropia	:	+1.5D
Binocular Vision	:	III
Limits of Colour Perception	:	I

(d) In your own interest you are advised to undergo a preliminary medical check up for wax in ears, refractory error of eyes, fungal infection of skin etc. before reporting for the SSB interview.

(e) All candidates who are selected will be undergoing tough military training and will be deployed to perform military duties in any terrain, weather and austere conditions. In such conditions ill health of any member of the team can jeopardize the military operations or endanger life of the entire team, therefore medical examinations are carried to select candidates who are "Medically fit to perform military duties in any terrain, weather and austere conditions" candidate should be :-

(i) Medically capable of undergoing training and withstand physical and mental demands of performing Military duties of Armed Forces.

(ii) Medically fit to adapt to the military environment without the necessity of geographical area limitations and capable of performing military tasks without access to specialized medical care.

(iii) Free of medical conditions or physical defects that would entail excessive loss of time from duty for treatment and hospitalization.

(iv) Free of contagious diseases that might endanger the health of other personnel.

(f) All candidates will be examined by Board of Medical Officers who have undergone basic military training and are well oriented to working conditions of military deployment and working conditions. Medical Boards are held at designated Military Hospitals based on the principles described above and latest knowledge in the medical and military sciences. The entire body is examined thoroughly to the extent feasible to screen out common congenital deformities and other easily detectable disabilities. The medical examination is not intended to be diagnostic in nature, hence only limited investigations are carried out for the purpose of screening wherever indicated. The standards for medical fitness indicated herein are only an outline, and are intended only for general guidance of candidates. The Board of Medical Officers refers to the more comprehensive Medical Standards for recruitment/Commission into the Armed forces as Applicable.

(g) The following investigations are 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 :-

- (i) Complete Haemogram
 - (ii) Urine RE/ME
 - (iii) X Ray chest PA view
 - (iv) USG abdomen & pelvis
- (h) The following are usual causes for rejection, the list is not exhaustive and Medical Board is the final authority on fitness.

(i) Sinus, fistulae and hernia, cyst, hyper/hypo pigmented patches, swelling, naevus, vascular malformations scars anywhere on the body.

(ii) Head and neck : Musculo-skeletal deformities which can interfere in using safety gear, cervical rib.

(iii) Chest. Musculoskeletal deformities viz pectus excavatum, pigeon chest, rickety rosary, pleural effusion, parenchymal lesions of lungs, active or residual lesions of tuberculosis.

(iv) Abdomen and reproductive system : Hernia, organomegaly, vascular deformities. Renal deformities, gall stones, renal tones etc. Deformities of reproductive system.

(v) Upper limbs, lower limbs and spine : Hyper flexible or restricted movements of joints, Cubitus valgus, Cubitus varus, genu recurvatum, deformities of hands and feet, kyphosis, scoliosis, congenital deformities, like spina bifida etc.

(vi) Skin : Vitiligo, scars, vascular malformations chronic skin diseases.

(i) Eyes and Vision standards :

(i) Should have :-

- (aa) Objective Convergence. It should be ≤ 10 cm.
- (ab) Accommodation. It should be ≤ 12 cm
- (ac) Binocular Single Vision (BSV). It should be at least grade-III
- (ad) Visual Fields. Should be complete.
- (ae) Vision :

	Standards
Vision	Uncorrected VA 6/60 & 6/60 BCVA 6/6 & 6/6 Myopia ≤ -3.50 D Sph including astigmatism, Hypermetropia $\leq +3.50$ D Sph including Astigmatism
Colour perception	CP-III (Defective Safe)

(ii) The following ocular diseases will make an candidate unfit :

- (aa) Ptosis.
- (ab) Corneal Opacity.
- (ac) Pterygium.
- (ad) Lenticular opacity.
- (ae) Uveitis.
- (af) Nystagmus.
- (ag) Entropion/Ectropion.
- (ah) Squint.
- (aj) Night blindness.
- (ak) Retinal lesions.
- (al) Naso-Lacrimal occlusion.

(iii) Vision Correction: Radial Keratotomy is not acceptable. Laser Surgery for correction of visual defects should not have been done earlier than 20 years of age on the date of operation, and also within one year period of reporting for medical examination. Photo Refractive Keratotomy (PRK) and LASIK (Laser in Situ Keratomileusis) are not permitted for Navy GS(X) and Hydro entry.

(j) Ears and Hearing standards:

(i) Causes for rejection:-

(aa) Auricle and Mastoid Region. The pinna will be assessed for gross deformity which will hamper wearing of uniform/personal kit/protective equipment, or which adversely impacts military bearing.

(ab) External Auditory Meatus. Presence of wax, foreign body, exostosis, growth, otomycosis or discharge.

(ac) Tympanic Membrane. Perforations, scars, tympanosclerotic plaques or retraction of membrane. And immobile or partially mobile tympanic membrane.

(ii) Hearing Stds. Candidate should be able to hear forced whispering and conversational voice from 610 cms in each ear separately standing with his back to examiner.

(k) Medical Examination of Female Candidates. 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. A detailed menstrual and gynaecological history in the form of a questionnaire is to be obtained from the

candidate. 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 Gynaecologist or male medical officer in the presence of female attendant.

- (i) The examination will include the following inspections
 - (aa) External genitalia.
 - (ab) Hernial orifices and the perineum.
 - (ac) Any evidence of stress urinary incontinence or genital prolapse outside introitus.

- (ii) All married candidates will be subjected to speculum examination for any prolapsed or growth on cervix or vagina. In all unmarried female candidates, speculum or per vaginal examination will not be carried out.

- (iii) Ultrasound scan of the lower abdomen and pelvis is mandatory in all female candidates during the initial medical examination.
 - (aa) 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.

 - (ab) Following conditions will entail female candidates being declared unfit.
 - (aaa) Primary or secondary amenorrhoea
 - (aab) Severe Menorrhagia or/and severe dysmenorrhoea
 - (aac) Stress urinary incontinence
 - (aad) Congenital elongation of cervix or prolapsed which comes outside the introitus even after corrective surgery.
 - (aae) Complex ovarian cyst of any size.
 - (aaf) Simple Ovarian cyst more than 06 cm.
 - (aag) Endometriosis and Adenomyosis.
 - (aah) Submucous fibroid of any size.
 - (aaj) Broad ligament or cervical fibroid of any size causing pressure over ureter.
 - (aak) Single fibroid uterus >3 cm in diameter or Fibroids >2 in number, >15 mm in diameter or fibroids causing distortion of endometrial cavity.
 - (aal) Congenital uterine anomalies except arcuate uterus
 - (aam) Acute or chronic pelvic infection
 - (aan) Disorders of sexual differentiation
 - (aao) Any other condition will be considered on merits of each case by the gynaecologist

(l) Pregnancy. Pregnancy would be a cause of temporary rejection. The individual would be advised to report again to the hospital 24 weeks after an uncomplicated vaginal delivery. In case of an MTP/abortion the review will be carried out after a period of minimum four weeks and upto 12 weeks. However, in case of caesarean section delivery, the 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.

2. In addition to the above, the following medical standards will be applicable in respect of Air Force candidates only:

(a) Anthropometric measurements acceptable for Air Force are as follows :

Height	162.5 cms.
Leg Length	Min. 99 cms. & Max. 120 cms.
Thigh Length	Max. 64 cms.
Sitting Height	Min. 81.5 cms. & Max. 96 cms.

(b) X-ray of Chest is compulsory.

(c) Visual Standards for Air Force :

Candidates who habitually wear spectacles are not eligible for Air Force. Minimum distant vision 6/6 in one eye and 6/9 in other correctable to 6/6 only for

Hypermetropia Colour vision CP-1

Hypermetropia	:	+2.0 d Sph
Manifest Myopia	:	Nil
Retinoscopic Myopia:		-0.5 in any meridian permitted
Astigmatism	:	+0.75 D Cyl (with + 2.0 D-Max)

Maddox Rod Test

(i) at 6 meters – Exo-6 prism D
Eso-6 prism D
Hyper-1 prism D
Hypo-1prism D

(ii) at 33 cms – Exo-16 prism D
Eso-6 prism D
Hyper-1 prism D
Hypo-1 prism D

Hand held Stereoscope – All of BSV Grades

Convergence – up to 10 cm

- (i) Refractive Surgery: Candidates who have undergone PRK (Photo Refractive Keratotomy)/Lasik (LASER in Situ Keratomileusis) may be considered fit for commissioning in the Air Force in all branches.
- (ii) Post PRK/LASIK candidates must meet the visual requirements required for the branch as laid down in para 3.12.5.2 of IAP 403 4th Edition (revised)
- (iii) The following criteria must be satisfied prior to selecting post-PRK/LASIK at the time of Air Force Medical Examination :-

(aa) PRK/LASIK surgery should not have been carried out before the age of 20 years.

(ab) The axial length of the eye should not be more than 25.5 mm as measured by IOL master.

(ac) At least 12 months should have elapsed post uncomplicated stable PRK/LASIK with no history or evidence of any complication.

(ad) The post PRK/LASIK corneal thickness as measured by a corneal pachymeter should not be less than 450 microns.

(ae) Individual with high refractive errors (>6D) prior to PRK/LASIK are to be excluded.

(af) 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.

Binocular Vision—Must possess good binocular vision (fusion and stereopsis with good amplitude and depth).

Candidates who have undergone LASIK surgery are not considered fit for permanent commission in flying branch in IAF.

(d) Hearing Standards :

(i) Speech test : Whispered hearing 610 cms. each ear.

(ii) Audiometric Test :Audiometric loss should not exceed +20 db in frequencies between 250 Hz and 8000 Hz.

(e) Routine ECG should be within normal limits.

3. The following conditions detected on X-ray examination will be disqualifying for entry to Army and Navy:

- (a) Granulomatous disease of spine.
- (b) Arthritis – Rheumatoid arthritis & allied disorders and ankylosing spondylitis
- (c) Scoliosis more than 10° degree as measured by Cobb's Method.
- (d) More than mild Kyphosis/Lordosis.
- (e) Spondylolisthesis/Spondylosis/Spondylolysis.
- (f) Herniated nucleus pulposes.
- (g) Compression fracture of Vertebra.
- (h) Sacralisation Disease.
- (i) Cervical ribs with demonstrable neurological or Circulatory deficit.
- (j) Presence of Schmorl's node at more than one level.
- (k) Atlanto-occipital and atlanto-axial anomalies.
- (l) Incomplete Sacralisation Unilateral or Bilateral.

- (m) Spinabifida other than SV 1 and LV 5.
- (n) Any other abnormality, if so considered by specialist.

Spinal Conditions for Air Force

Past medical history of diseases or injury of the spine or sacriiatic joints, either with or without objective signs which have prevented the candidate from successfully following a physically active life, is a case for rejection for commissioning in IAF. History of spinal fracture/prolapsed intervertebral disc and surgical treatment for these conditions will entail rejection. The following conditions detected during medical exam will disqualify a candidate for Air Force service.

- (a) Granulomatous disease of spine
- (b) Arthritis/Spondylosis
 - (i) Rheumatoid arthritis and allied disorders
 - (ii) Ankylosing spondylitis
 - (iii) Osteoarthritis, spondylosis and degenerative joint diseases
 - (iv) Non articular rheumatism (e.g. lesions of the rotator cuff, tennis elbow, recurrent lumbago etc.)
 - (v) Miscellaneous disorders including SLE, dermatomyositis, polymyositis, vasculitis.
- (c) Spondylolisthesis/spondylolysis/spondylosis
- (d) Compression fracture of vertebrae
- (e) Scheurman's disease (Adolescent kyphosis)
- (f) Loss of cervical lordosis when associated with clinically restricted movements of cervical spine.
- (g) Unilateral/bilateral cervical ribs with demonstrable neurological or circulatory deficit.
- (h) Scoliosis more than 15 degree as measured by Cobb's method.
- (i) Presence of schmorl's nodes at more than one level.
- (j) Atlanto – occipital and atlanto-axial anomalies.
- (k) Hemi vertebrae and/or incomplete block (fused) vertebrae at any level in cervical, dorsal or lumbar spine and complete block (fused) vertebrae at more than one level in cervical or dorsal spine.
- (l) Unilateral Sacralisation or lumbarisation (Complete or incomplete) at all levels and bilateral incomplete sacralisation or lumbarisation.
- (m) Any other abnormality if so considered by the specialist.

4. The Medical standards for candidates of Naval Aviation Branch will be the same as for flying duties of Air Force except limit of myopia in the worst eye is -0.75D and limit of hypermetropia in both eye is +1.5D. However, candidate who have undergone Photo Refractive Keratotomy (PRK) and LASIK (Laser in Situ Keratomileusis) are unfit for Navy Pilot entry and SSC (Observer) entry.

5. Detection of any disability in the course of a special test carried out prescribed for one service, may render the candidate unfit for any other service(s), if so considered as disqualifying by Medical Board.

6. Physical Conditioning: Prospective candidates are advised to keep themselves in good physical condition by following the under mentioned routine : –

- (a) Running : 2 to 4 Km. in 15 minutes
- (b) Skipping
- (c) Pushups & Sit-ups : Minimum 20 each
- (d) Chin ups : Minimum 08
- (e) Rope Climbing : 3 to 4 metres.

APPENDIX-(V)

(Brief particulars of service etc.)

Pay scale of Army Officers and equivalent ranks in Air Force and Navy

(i) Pay

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

MSP to the officer is as follows:-

Military Service Pay(MSP) to the officers from the rank of Lieutenant to Brigadier	Rs 15.500 p.m. fixed
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Fixed Stipend for cadet Training:-

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

(ii) QUALIFICATION PAY AND GRANT

(i) Qualification Grant