

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 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 finalisation of medical examination conducted at the Military Hospital after being recommended at the SSB.

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.

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.

For Medical Standards for Air Force (Flying Branch and Ground Duty Branch) refer Annexure 'A' to this Appendix.

A candidate recommended by the Services Selection Board will undergo a medical examination by a Board of Service Medical 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. Candidates declared unfit during Appeal Medical Board will be intimated about the provision of Review Medical Board.

- (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 Military duties.

(b) There should be no evidence of weak constitution, bodily defects or under weight. The Candidate should not be overweight or obese.

(c) The minimum acceptable height is 157 cms(162.5 cms. for Air Force). For Gorkhas and individuals belonging to hills of North-Eastern regions of India, Garhwal and Kumaon, the minimum acceptable heights will be 5 cms. less. In case of candidates from Lakshadweep the minimum acceptable height can be reduced by 2 cms. Height and weight standards are given below :

**HEIGHT/WEIGHT STANDARDS FOR  
ARMY/AIR FORCE**

**TABLE-I**

Height in Centimetres (Without shoes)	Weight in Kgs.		
	16-17 years	17-18 years	18-19 years
1	2	3	4
152	42.5	44.0	45.0
155	43.5	45.3	47.0
157	45.0	47.0	48.0
160	46.5	48.0	49.0
162	48.0	50.0	51.0
165	50.0	52.0	53.0
167	51.0	53.0	54.0
170	52.5	55.0	56.0
173	54.5	57.0	58.0
175	56.0	59.0	60.0
178	58.0	61.0	62.0
180	60.0	63.0	64.5
183	62.5	65.0	66.5

**NOTE 1:** Height relaxable upto 2.5 cm may be allowed where the Medical Board certifies that the candidate is likely to grow and come up to the required standard on completion of his training.

**HEIGHT/WEIGHT STANDARDS FOR NAVY**

**TABLE-II**

Height in Centimetres (Without shoes)	Weight in Kgs.		
	16 years	18 years	20 years
1	2	3	4
152	44	45	46
155	45	46	47
157	46	47	49
160	47	48	50

162	48	50	52
165	50	52	53
168	52	53	55
170	53	55	57
173	55	57	59
175	57	59	61
178	59	61	62
180	61	63	64
183	63	65	67

“Individual’s weight is considered normal if it is within  $\pm 10\%$  departure from average weight given in the table I and II”. However, in individuals with heavy bones and broad build as well as individuals with thin build but otherwise healthy this may be relaxed to some extent on merit.

**NOTE 1 :** To meet special requirement as a pilot in the Air Force the acceptable measurements of leg length, thigh length and sitting height will be as under :

	Minimum	Maximum
Leg Length	99.00 cms.	120.00 cms.
Thigh Length	–	64.00 cms.
Sitting Height	81.50 cms.	96.00 cms.

(d) Chest should be well developed. Fully expanded chest should not be less than 81 cms. 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.

(e) There should be no maldevelopment or impairment of function of the bones or joint.

### **Spinal Conditions**

(f) Past medical history of diseases or injury of the spine or sacro iliac joints, either with or without objective signs which have prevented the candidate from successfully following a physically active life, is a cause 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 radiologically during medical exam will disqualify a candidate for Air Force service:

- (i) Granulomatous disease of spine
- (ii) **Arthritis/spondylosis**
  - Rheumatoid arthritis and allied disorders
  - Ankylosing spondylitis
  - Osteoarthritis, spondylosis and degenerative joint disease

- Non articular rheumatism (e.g. lesions of the rotator cuff, tennis elbow, recurrent lumbago etc.)
- Miscellaneous disorders including SLE, , polymyositis, vasculitis.
- (iii) Spondylolisthesis/spondylolysis.
- (iv) Compression fracture of vertebrae.
- (v) Scheuerman's disease (Adolescent kyphosis)
- (vi) Loss of cervical lordosis when associated with clinically restricted movements of cervical spine.
- (vii) Unilateral/Bilateral cervical ribs with demonstrable neurological or circulatory deficit.
- (viii) Scoliosis more than 15 degree as measured by Cobb's method.
- (ix) Degenerative Disc. Disease.
- (x) Atlanto-occipital and atlantoaxial anomalies.
- (xi) 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.
- (xii) Unilateral Sacralisation or lumbarisation (Complete or incomplete) at all levels and bilateral incomplete sacralisation or lumbarisation.
- (xiii) Any other abnormality if so considered by the specialist.

(g) Mild Kyphosis or Lordosis where deformity is barely noticeable and there is no pain or restriction of movement will not preclude acceptance.

(h) In case of noticeable Scoliosis or suspicion of any other abnormality or spinal deformity, more than mild, appropriate X-rays of the spine are to be taken and the Examinee referred for specialist's advice.

(i) Routine X-ray Spine is not carried out for Navy candidates. However, if the same is done for any other purpose, the candidates with the following conditions will be disqualified for entry to Armed Forces:

- (i) Granulomatous disease of spine.
- (ii) **Arthritis**/spondylosis - Rheumatoid arthritis & allied disorders and ankylosing spondylitis.
- (iii) Scoliosis more than 15 degree as measured by Cobb's Method (10 degree for Army and Navy).
- (iv) More than mild Kyphosis/Lordosis
- (v) Spondylolisthesis/Spondylosis/Spondylolysis
- (vi) Herniated nucleus pulposus.
- (vii) Compression fracture of Vertebra.
- (viii) Sacralisation Disease
- (ix) Cervical ribs with demonstrable neurological or Circulatory deficit.
- (x) Presence of Schmorl's node at more than one level. (This serial be treated as deleted for Air Force candidates).
- (xi) Atlanto-occipital and atlanto-axial anomalies.
- (xii) Incomplete Sacralisation Unilateral or Bilateral

(xiii) Spina Bifida other than SV 1 and LV 5 if completely Sacralised

(xiv) Any other abnormality, if so considered by specialist.

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

(k) 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. Audiometric test will be done for AF. Audiometric hearing loss should not be greater than 20 db in frequencies between 250 and 8000 Hz. There is no impediment of speech.

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

(m) 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.

(n) Un-operated hernias will make a candidate unfit. In case of Hernia which has been operated, a minimum of **one year** must have passed prior to final medical examination before commencement of the course.

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

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

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

(r) Distance Vision (Corrected): Better Eye 6/6; Worse Eye 6/9. Myopia should not be more than -2.5D including astigmatism and manifest hypermetropia not more than +3.5D including Astigmatism. Internal examination of the eye will be done by means of ophthalmoscope to rule out any disease of the eye. A candidate must have good binocular vision. The Colour vision standard will be **CP-III (Defective Safe)**. Candidates should be able to recognize white, signal red and signal green colours correctly as shown by Martin's Lantern at a distance of 1.5 metre or read the requisite plate of Ishihara Book / Tokyo Medical College Book. Candidates who have undergone or have evidence for having undergone Radial Keratotomy, to improve the visual acuity will be permanently rejected for all the services. Candidates who have undergone Laser Surgery for correction of refractive error are also not acceptable to defence services.

### **Vision standard for Naval candidates**

Uncorrected without glass	6/6, 6/9
Corrected with glass	6/6, 6/6
Limits of Myopia	-0.75
Limits of Hypermetropia	+1.5
Binocular vision	III
Limits of colour perception	I

### 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-I Hypermetropia : +2.0 D Sph Manifest Myopia : Nil Retinoscopic Myopia : 0.5 in any Meridian permitted Astigmatism : + 0.75 D Cyl (within + 2.0 D.Max)

Maddox Rod Test

- (i) at 6 meters      Exo-6 prism D  
                             Eso-6 prism D  
                             Hyper-1 prism D  
                             Hypo-1 prism 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 Cover test for distant and near–Latent divergence/convergence recovery rapid and complete.

(a) “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”. 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).

(b)“Post PRK/Lasik candidates must meet the visual requirements required for the branch” as laid down in Para 3.12.5.2 of IAP 4303 (4<sup>th</sup> edition) revised.

(c) The following criteria must be satisfied prior to selecting post-PRK/LASIK at the time of Air Force Medical Examination:-

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