

CERTIFICATE OF MEDICAL FITNESS

(To be provided by an RPA trainee or Instructor while joining the Remote Pilot Training course)

Name (In Block Letters): _____

Father's Name: _____

Aadhaar Number: _____

Height: _____ Weight: _____ Chest: _____

Heart & Lungs: _____

Vision: L: _____ R: _____

Color Vision: _____

Hearing: _____

Remarks: _____

*I certify that I have carefully examined Shri/Smt. _____ son/daughter of
Shri _____ who has signed in my presence.
He /She has no mental and physical disease and is fit.*

Signature of the Candidate

Place:

Date:

Signature of Medical/Officer /Practitioner with legible seal

Registration No. _____

Prescribed Medical Standards for Admission

1. The candidate should possess good health and physique with a sound mind. He / she shouldnot be suffering from any disease, physical and mental infirmity.
2. Not suffer from a degree of deafness, which would prevent hearing the ordinary soundsignals.
3. Able to distinguish with his/her eyesight with or without eyeglasses/contact lenses/lasercorrected eyes, at 25 meters in good day, an object of dimensions 30 CM x 30 CM
4. Do not have any defect, deformity, or loss of member, which would interfere with theefficient performance of his/her duties as a RPA pilot.
5. Able to readily distinguish the VIBGYOR colours and not suffer from Night Blindness.

Competent Authority for Issuing Medical Certificate

Registered Medical Practitioners / Government Medical Officer /Medical Officer of a Government Undertaking, with seal and registration number of the certifying Medical Officer/practitioner.