



TELANGANA STATE AVIATION ACADEMY

OLD AIRPORT ROAD, NEAR NEW BOWENPALLI, HYDERABAD-11

MEDICAL CERTIFICATE FOR THE PHYSICAL FITNESS

(Issued by any Registered Medical Practitioner holding at least MS/MD/MBBS Degree)

Mr./ Ms. _____ whose signature is appended below, has been medically examined by me and he / she has “no physical disabilities”.

Doctor's Name: _____

Designation: _____

Registration No.: _____

Date:

Doctor s Signature with Stamp

Signature of Applicant

MEDICAL CERTIFICATE FOR VISION

{INCLUDING COLOUR BLINDNESS}

(Issued by any Registered Medical Practitioner holding at least MS Ophthalmology Degree)

I, Dr _____ hereby certify that I have examined Mr./ Ms. _____ whose signature is appended below, and certify that his| her vision / color is normal| defective safe| defective unsafe.

Note:

- ❖ **VISION:** An examination to ensure Near Vision of at least one eye, either corrected or uncorrected, must be such that the student can read SNELLEN equivalent of 20/25 (Jaeger#2). Distance Vision of at least one eye, either corrected or uncorrected, must be equal to or better than SNELLEN equivalent of 20/30 (Jaeger #3).
- ❖ **COLOUR:** The student shall be tested for the ability to correctly identify a series of pseudo isochromatic plates (tables) in the day light or in artificial light of the same colour temperature such as that provided by the illuminant “C” or “D” as specified by the international Commission on Illumination.

Doctor's Name: _____

Designation: _____

Registration No.: _____

Date:

Doctor s Signature with Stamp

Signature of Applicant