

**NOTIFICATION**

# भारतीय वायु सेना

## Indian Air Force

**AIR FORCE COMMON ADMISSION TEST (AFCAT- 01/2025) FOR FLYING BRANCH AND GROUND DUTY (TECHNICAL AND NON-TECHNICAL) BRANCHES/ NCC SPECIAL ENTRY FOR COURSES COMMENCING IN JANUARY 2026**

**Date for submission of Online Applications: 02 DEC 2024 (1100 HRS) to 31 DEC 2024(2330HRS)**  
**(Indian Air Force career website <https://careerindianairforce.cdac.in> or <https://afcat.cdac.in>)**

- Indian Air Force invites Indian citizens (Men and Women) to be part of this elite force as Group 'A' Gazetted Officers in Flying and Ground Duty (Technical and Non-Technical) branches. Online AFCAT examination will be conducted on **22 Feb 25 and 23 Feb 25**.
- Candidates are to ensure their eligibility for the examination, as follows:-
  - 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 examination viz. Written examination and SSB test will be purely provisional, subject to their satisfying the prescribed eligibility conditions. If on verification at any time before or after the written examination or AFSB Testing, it is found that they do not fulfil any of the eligibility conditions, their candidature will be cancelled by the IAF.
  - Mere issue of Admit card/ Call up letter to the candidate will not imply that his/ her candidature has been finally accepted by Indian Air Force.**
- Entry, Branch, Course Number and Vacancies.**

Entry	Branch	Course Number	Vacancies*	
			Men (SSC)	Women (SSC)
AFCAT Entry	<b>Flying</b>	219/26F/SSC/M & W	<b>21</b>	<b>09</b>
	<b>Ground Duty (Technical)</b>	218/26T/SSC/108AEC/M & W	<b><u>AE(L) : 95</u></b> <b><u>AE(M) : 53</u></b>	<b><u>AE(L) : 27</u></b> <b><u>AE(M) : 14</u></b>
	<b>Ground Duty (Non-Technical)</b>	218/26G/SSC/M & W	<b><u>Weapon Systems (WS) Branch:14</u></b> <b><u>Admin: 42</u></b> <b><u>Lqs: 13</u></b> <b><u>Accts: 11</u></b> <b><u>Edn: 07</u></b> <b><u>Met: 07</u></b>	<b><u>Weapon Systems (WS) Branch : 03</u></b> <b><u>Admin : 11</u></b> <b><u>Lqs : 03</u></b> <b><u>Accts : 02</u></b> <b><u>Edn : 02</u></b> <b><u>Met : 02</u></b>
NCC Special Entry	<b>Flying</b>	219/26F/PC/M and 219/26F/SSC/M & W	10% seats out of CDSE vacancies for PC and 10% seats out of AFCAT vacancies for SSC	

**\*Disclaimer.** Vacancies indicated are tentative and subject to change without notice. Actual intake would depend on organisational requirements, various cadre control mechanisms, availability of training slots and actual number of vacancies accruing in January 2026. No representation in this regard will be entertained.

#### 4. **Type of Commission.**

##### (a) **Short Service Commission (SSC) for Men & Women.**

- (i) The engagement period for **Flying Branch** (Men and Women) SSC Officers is fourteen years from the date of Commissioning.
- (ii) The initial tenure for **Ground Duty (Technical & Non-Technical)** SSC Officers would be for a period of **ten years**. An extension of **four years** may be granted subject to **service requirements, availability of vacancies, willingness, suitability and merit**.
- (iii) Grant of Permanent Commission (PC) (at a later date) would be considered subject to service requirements, availability of vacancies, willingness, suitability, merit and as per prevailing policies on the subject.
- (iv) SSC officers are not entitled for grant of pension.

#### 5. **Eligibility Conditions.**

(a) **Nationality.** Candidate must be a citizen of India as per Indian citizenship act, 1955.

(b) **Age.**

(i) **Flying Branch through AFCAT and NCC Special Entry:** **20 to 24 years** as on **01 January 2026** i.e. born between **02 January 2002 to 01 January 2006** (both dates inclusive). Upper age limit for candidates holding valid and current Commercial Pilot License issued by **DGCA** (India) is relaxable upto 26 years i.e. born between **02 January 2000 to 01 January 2006** (both dates inclusive).

(ii) **Ground Duty (Technical & Non-Technical) Branch:** **20 to 26 years** as on **01 January 2026** i.e. born between **02 January 2000 to 01 January 2006** (both dates inclusive).

(iii) **Marital Status:** Candidates must be unmarried at the time of commencement of the course and marriage is not permitted during training. A candidate who marries during the period of training shall be discharged and will be liable to refund all expenditure incurred on him/her by the Government.

(iv) The date of birth accepted by the IAF 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, the extract must be certified by the proper authority of the University or in the Higher Secondary or an equivalent examination certificate. No other document related to age like horoscopes, affidavits, birth extracts from Municipal Corporation, service records and likewise will be accepted.

(v) In case the Matriculation/ Higher Secondary Examination Certificate does not show the date of birth, or only shows the age by completed years or completed years and months. In such cases a candidate must possess a self-attested/ certified copy of a certificate from the Headmaster/ Principal of the Institution from where he/ she passed the Matriculation/ Higher Secondary Examination showing the date of his/ her birth or exact age as recorded in the Admission Register of the Institution.

(vi) Candidates should note that only the Date of Birth as recorded in the Matriculation/ Higher Secondary Examination Certificate or an equivalent certificate on the date of submission of application will be accepted by the IAF and no subsequent request for its change will be considered or granted.

(vii) **The candidates should exercise due care while entering their Date of Birth. If on verification at any subsequent stage, variation is found in their date of birth from the one entered in their Matriculation or equivalent examination certificate, will render them disqualified. No representation in this regard will be entertained.**

(c) **Educational Qualifications.**

(i) **Flying Branch.** Candidates should have mandatorily passed with a **minimum** of 50% marks each in Maths and Physics at 10+2 level **and**

(aa) Graduation with minimum three years degree course in any discipline from a recognized University with a minimum of 60% marks or equivalent.

**OR**

(ab) BE/B Tech degree (Four years course) from a recognised University with a minimum of 60% marks or equivalent.

**OR**

(ac) Candidates who have cleared Section A & B examination of Associate Membership of Institution of Engineers (India) or Aeronautical Society of India from a recognized University with a minimum of 60% marks or equivalent.

(ii) **Ground Duty (Technical) Branch.**

(aa) **Aeronautical Engineer (Electronics) {AE (L)}.** Candidates with a minimum of 50% marks each in Physics and Mathematics at 10+2 level and a minimum of four years degree graduation/integrated post-graduation qualification in Engineering/ Technology from recognized University **OR** cleared Sections A and B examination of Associate Membership of Institution of Engineers (India) or Aeronautical Society of India or Graduate membership examination of the Institution of Electronics and Telecommunication Engineers by actual studies with a minimum of 60% marks or equivalent in the following disciplines:-

- (aaa) Communication Engineering.
- (aab) Computer Engineering/Technology.
- (aac) Computer Engineering & Application.
- (aad) Computer Science and Engineering/Technology.
- (aae) Electrical and Computer Engineering.
- (aaf) Electrical and Electronics Engineering.
- (aag) Electrical Engineering.
- (aah) Electronics Engineering/ Technology.
- (aa j) Electronics Science and Engineering.
- (aak) Electronics.
- (aal) Electronics and Communication Engineering.
- (aam) Electronics and Computer Science.
- (aan) Electronics and/or Telecommunication Engineering.
- (aao) Electronics and/or Telecommunication Engineering (Microwave).
- (aap) Electronics and Computer Engineering.
- (aaq) Electronics Communication and Instrumentation Engineering.
- (aar) Electronics Instrument & Control.
- (aas) Electronics Instrument & Control Engineering.

- (aat) Instrumentation & Control Engineering.
- (aaU) Instrument & Control Engineering.
- (aav) Information Technology.
- (aaw) Electric Power and Machinery Engineering.
- (aax) Infotech Engineering.
- (aby) Cyber Security.

(ab) **Aeronautical Engineer (Mechanical) {AE (M)}**. Candidates with a minimum of 50% marks each in Physics and Mathematics at 10+2 level **and** a **minimum** of four years degree graduation/integrated post-graduation qualification in Engineering/Technology from recognized University **OR** cleared Sections A & B examination of Associate Membership of Institution of Engineers (India) or Aeronautical Society of India by actual studies with a minimum of 60% marks or equivalent in the following disciplines:-

- (aaa) Aerospace Engineering.
- (aab) Aeronautical Engineering.
- (aac) Aircraft Maintenance Engineering.
- (aad) Mechanical Engineering.
- (aae) Mechanical Engineering and Automation.
- (aaf) Mechanical Engineering (Production).
- (aag) Mechanical Engineering (Repair and Maintenance).
- (aah) Mechatronics.
- (aaj) Industrial Engineering.
- (aak) Manufacturing Engineering.
- (aal) Production and Industrial Engineering.

(iii) **Ground Duty (Non-Technical) Branches.**

(aa) **Weapon Systems (WS) Branch.** Candidates should have mandatorily passed with a **minimum** of 50% marks each in Maths and Physics at 10+2 level **and**

(aaa) Graduation with minimum three years degree course in any discipline from a recognized University with a minimum of 60% marks or equivalent. **OR**

(aab) BE/B Tech degree (Four years course) from a recognised University with a minimum of 60% marks or equivalent.

(ab) **Administration & Logistics.** Passed 10+2 and Graduate Degree (Minimum three years degree course) in any discipline from a recognized university with a **minimum** of 60% marks or equivalent or {cleared section A & B examination of Associate Membership of Institution of Engineers (India) or Aeronautical Society of India from a recognised university with a minimum of 60% marks or equivalent.}

(ac) **Accounts Branch.** Passed 10+2 and done graduation in any of the following streams with 60 % marks or equivalent from a recognized university:-

- (aaa) B. Com Degree (Min three years course).
- (aab) Bachelor of Business Administration (with specialization in Finance)/ Bachelor of Management Studies (with specialization in Finance)/ Bachelor of Business Studies (with specialization in Finance)
- (aac) Qualified CA/ CMA/ CS/ CFA.

(aad) B.Sc. with specialization in Finance.

(ad) **Education.** Passed 10+2 and Post-Graduation with 50% marks in any discipline including integrated courses offering PG (Single degree without permission to exit and lateral entry) and with 60% marks in Graduation in any discipline.

(ae) **Meteorology.** Passed 10+2 and B Sc with Physics and Mathematics with a minimum of 60% marks or equivalent or four year Graduation in Engineering/Technology discipline with a minimum of 60% marks or equivalent in the following streams:-

- (aaa) Communication Engineering.
- (aab) Computer Engineering/Technology.
- (aac) Computer Engineering and Application.
- (aad) Computer Science and Engineering/Technology.
- (aae) Electrical and Computer Engineering.
- (aaf) Electrical and Electronics Engineering.
- (aag) Electronics Engineering/Technology.
- (aah) Electronics Science and Engineering.
- (aaj) Electronics.
- (aak) Electronics and Communication Engineering.
- (aal) Electronics and Computer Science.
- (aam) Electronics and/or Telecommunication Engineering.
- (aan) Electronics and/or Telecommunication Engineering (Microwave).
- (aao) Electronics Communication and Instrumentation Engineering.
- (aap) Information Technology.
- (aaq) Mechanical Engineering.

**Note 1.** Only those candidates who have given 12<sup>th</sup> standard in 10+2 pattern of examination are eligible to apply for these courses.

**Note 2.** One seat is reserved for Law qualified candidates in Ground duty (Non-Tech) branches and the candidate may get employed on legal duties of the IAF (after commissioning).

**Note 3.** In case the candidates are awarded grades/ CGPA instead of marks, **the conversion of grades/ CGPA to percentage of marks** would be based on the procedure certified by the University from where they have obtained the degree. In case the University does not have any scheme for converting CGPA to percentage conversion certificate, CGPA will be converted into 10 points scale and multiplied by 10 to get equivalent percentage.

**Note 4.** Candidates who are studying in the final year/ semester Degree course and are yet to pass the final year degree examination can also apply provided candidate should not have any present backlog and should have secured a **minimum** of 60% marks up to the last semester/ year for which results have been declared up to the time of submission of application. They are required to submit proof of passing the Degree Examination by **30 Nov 25** and no request for extending this date will be entertained on the grounds of late conduct of basic qualifying University Examination, delay in declaration of results or any other ground whatsoever.

**Note 5.** Candidates who have failed the Computerized Pilot Selection System (CPSS) in an earlier attempt or a Flight Cadet suspended from flying training at Air Force Academy will not be eligible to apply in **Flying Branch**.

**Note 6.** If any candidate is found eligible for AE(L)/AE(M) but have not selected his/her choice for AE(L)/AE(M), the candidate may be considered for AE branch at a later stage based on organisational requirement.

**Note 7.** Based on organizational requirements, candidates selected for WS Branch may have to undergo Flying Training and thereafter undertake Flying Duties.

(d) Candidates who were admitted to an earlier course at the National Defence Academy, Indian Military Academy, Air Force Academy, Indian Naval Academy, Officers' Training Academy, Chennai and Officer's Training Academy Gaya but were removed on grounds of indiscipline are ineligible to apply.

(e) Candidates who are debarred by the Ministry of Defence from holding any type of commission in the Defence Services shall not be eligible for AFCAT and if admitted, their candidature will be cancelled.

(f) Candidates who have been convicted on criminal charges and those who are still stuck in a criminal case are not eligible to apply.

6. **Physical and Medical Standards.** Guidelines with regard to physical and medical standards for candidates are as provided in the **Appendix 'A'** to the notification.

7. **How to Apply.** Aspirants for IAF are required to apply online by using the link <https://careerindianairforce.cdac.in>, or <https://afcat.cdac.in>. Aadhaar Card is mandatory for online registration. Detailed instructions for filling in the online application form are appended below:-

(a) Applicants need to exercise utmost care while filling in the online application. In case any information is found to be incorrect, the candidature is liable to be cancelled at any stage of the selection process. **Please verify the correctness of information entered in all the fields before proceeding with the "Make Payment" option. Applicants will not be able to edit the previous details entered after the "Make Payment" step.**

(b) **If an applicant has submitted more than one application, only the latest submitted application form against a particular Aadhaar Number, will be considered for issue of Admit Card. However, the fee deposited while filling additional applications will not be refundable.**

(c) Applicants will be required to complete the process of Online Application form which will have the following sequences. Details in tabular form are given in Para 7 (j) below:-

(i) Click "**CANDIDATE LOGIN**" on the Home page- leads to AFCAT Sign-in.

(ii) In the next page, applicants to click "**NOT YET REGISTERED? REGISTER HERE**".

(iii) Sign Up: Creation of Log-in ID and applicant will receive a password in his/her registered email id.

(iv) After successful registration, sign-in with registered email id and system generated password.

(v) Reset Password- Log-Out (**candidates must remember their login ID and password for future use during the examination process**).

- (vi) Fresh Log-in.
- (vii) Selection of Entry: **“AFCAT”**; **“NCC SPECIAL ENTRY FOR FLYING BRANCH”**.
- (viii) Click **“INSTRUCTIONS”**. Read Instructions carefully.
- (ix) Acknowledgement of having read and understood instructions- Check box to proceed to next stage.
- (x) Click **“FILL APPLICATION FORM”**

(aa) **Personal Details**. Fill in details.

Click **“SAVE AND CONTINUE”**

**At this stage confirmation box will appear for re-verification of the following details:-**

- Name
- Father's Name
- Mother's Name
- Date of Birth
- Gender

**Note:-** Please recheck these details, confirm the correctness and continue.  
**Post this confirmation, DOB and Gender will not be allowed to be changed at any subsequent stage under any circumstances whatsoever** and your candidature will be rejected at any stage whenever any wrong information is detected.

(ab) **Qualification Details**. Fill in details.

Click **“SAVE AND CONTINUE”** to proceed to next stage

(ac) **Course Preference**. Fill in details.

Click **“SAVE AND CONTINUE”** to proceed to next stage

(ad) **Communication Details**. Fill in details.

Click **“SAVE AND CONTINUE”** to proceed to next stage

(ae) **Upload Documents**. Upload recent Photo, Signature & Thumb Impression (size of each jpg/ jpeg file to be between 10 and 50 kb). Name of each jpg/jpeg image file should correspond to the document i.e.

- Name of the Signature File should be **Signature.jpg or Signature.jpeg**
- Name of Photo File should be **Passport Photograph.jpg or Passport Photograph.jpeg**
- Name of Thumb Impression File should be **Thumb Impression.jpg or Thumb Impression.jpeg**

**Note:-** Application with inappropriate image will be considered invalid and the candidature will be rejected along with other counterfeit entries, whenever detected at any stage of the selection process.

(af) **Exam City Selection**. Select from drop-down menu

(ag) **Declaration**

Click “**SAVE AND CONTINUE**” to proceed to next stage

(xi) Click “**MAKE PAYMENT**”- Online (applicable only for AFCAT)

(xii) Click “**PAYMENT STATUS**” to view whether payment is successful. If Registration Number is displayed, it implies that the payment is successful.

(xiii) **For AFCAT Candidates Only**: On **07 Feb 25 (1700 hrs) onwards** click “**DOWNLOAD ADMIT CARD**” to download your Admit Card from the website **<https://afcat.cdac.in>** and you will also receive admit card on your registered email ID. If the candidate does not receive his/ her admit card in their registered email id or is not able to download the same from the mentioned website, he/ she is required to enquire from AFCAT Query Cell at C-DAC, Pune. (**Phone Nos: 020-25503105 or 020-25503106**). E-Mail queries may be addressed to **[afcatcell@cdac.in](mailto:afcatcell@cdac.in)**.

(d) While filling in the online application, the applicant must ensure that he/ she meets all the eligibility conditions including the educational qualification which must conform to the Guidelines / norms of the relevant educational board/ UGC, as reviewed and updated from time to time. The applicants are advised to keep the relevant documents ready, as details are to be filled in as per matriculation and other educational certificates. The educational qualifications filled by the applicant should correspond to the Entry Level Qualification (ELQ) as given in Para 5 (c) of this notification. If any of the eligibility conditions is not met, the candidature is liable to be rejected at any stage during the selection process and the onus of the same would be on the candidate himself/ herself. With regard to Integrated degree programmes, the following are the prevailing UGC guidelines:-

(i) **Integrated/ Dual Degree**. As per the guiding principles laid down by UGC, if the Integrated/ Dual Degree Programmes intend to offer two separate degrees with an option for interim exit or lateral entry, the duration of the Integrated/ Dual Degree Programme must not be less than the duration equal to the sum total of the prescribed duration of the two degrees that are being combined in the programme. All such programmes should carry the nomenclature of Integrated/ Dual Degree (Name of the first degree) - (Name of the final degree); both the degrees awarded under the programme should be individually and separately recognised as equivalent to corresponding degrees and not as one single integrated degree).

(ii) **Integrated Single Degree**. If the Integrated Programme intends to offer a single degree without permission to exit and lateral entry, the programme duration may be relaxed by not more than 25% of the sum total of the prescribed duration of the two degrees that are being combined to make the single integrated degree.

(e) Before filling in the online application, an applicant should have the following scanned images saved as jpg/ jpeg files (size of each file to be between 10 and 50 kb)

(i) Recent passport size colour photograph

(ii) Signature

(iii) Thumb impression (left thumb for male applicants and right thumb for female applicants) - created by pressing on ink stamp pad and then on plain blank paper



(f) While filling in the online application form, applicants are required to click “**SAVE AND CONTINUE**” to complete the process of each part. If the mandatory fields (marked by a red asterisk (\*)) are not filled, applicants cannot proceed to the next part of the application form.

(g) After the “Make Payment” step, applicants will be able to check the “Payment Status” as well as “Preview Application”. However, no further changes or correction is possible in the online application form. Thereafter, the only option for an applicant, if an application is to be amended, is to re-register with a different email id and fill the online application form anew. The fee paid, including on any additional online application form(s), will not be refundable.

(h) **Examination fee for AFCAT Entry.** After filling in the online application form, **the examination fee of ₹550/- + GST (non-refundable) for AFCAT entry (not applicable for NCC special entry) may be paid online** through the ‘**Make Payment**’ step on the main menu of the online application. No cash or cheque or demand draft (DD) will be accepted towards payment of examination fee. The examination fee can be paid using credit/ debit cards/ net banking through the payment gateway. Applicants are advised to follow the instructions/ steps given on the payment gateway, and also print/keep the transaction details for their records. After confirmation from bank that the payment is received, the “Payment Status” will display “Registration Number” which the candidate may note down for future correspondence. Simultaneously, the candidate will receive a confirmatory sms/ e-mail. This will be followed by Admit Card (with the Hall Ticket Number) which a candidate will receive on his/her registered email ID and which is also downloadable from his/her registered email ID.

(j) Detailed instructions on filling in the online application form:

S. No	Description	
1. Sign up Format		
	Full Name*	As per 10th Matriculation Passing Certificate- all in alphabet of max 50 characters (*In case Name has been officially changed after Class X, during Registration Process candidate needs to furnish details.)
	Email id	email id (to be used for Sign-in)
	Mobile Number	10 digits
	Verify Email & Mobile	Click on Generate OTP
	OTP on Email	Enter OTP received on verified Email
	OTP on Mobile	Enter OTP received on verified Mobile
	CAPTCHA	Enter alphanumeric text shown
2. Personal Information		
(a)	Type of Entry	Applicant has to choose entry to IAF through one of the options (i) AFCAT (ii) NCC Special Entry
(b)	Candidate's Name (As per 10 <sup>th</sup> /matriculation passing certificate)	These fields will be auto filled from the signup data entered by the applicant.
(c)	Have your name been officially changed after class 10 <sup>th</sup> /Matriculation?	Yes or No

(d)	Changed Name after class 10 <sup>th</sup> /Matriculation	Changed Name after 10 <sup>th</sup> /Matriculation
(e)	Candidate's Father's Name (As per 10 <sup>th</sup> /matriculation passing certificate)	In alphabet of maximum 50 characters
(f)	Candidate's Mother's Name (As per 10 <sup>th</sup> /matriculation passing certificate)	In alphabet of maximum 50 characters
(g)	Email Address	It will pre-populated as per Sign-up data
(h)	Secondary Email Address	Email id other than which the applicant has signed-up with
(i)	Nationality	Indian
(j)	Mobile Number	Number
(k)	Candidate's Visible Identification Mark	In alphabet of maximum 50 characters
(l)	Are you habitually wearing glasses?	Yes or No
(m)	CPSS/PABT Status	Applicant has to choose Passed/ Failed/ Not appeared; If passed fill the details from (i) to (iv)
(i)	CPSS/PABT Batch Number	Numeric Value
(ii)	CPSS/PABT Date of Passing	DD-MM-YYYY
(iii)	CPSS/PABT Chest No.	Numeric Value
(iv)	CPSS/PABT attended at which Air Force Selection Board (AFSB)	Choose one from the list Dehradun, Mysore, Varanasi, Gandhinagar, Guwahati
(n)	Do you have a current valid Commercial Pilot License issued by DGCA?	Select 'Yes' or 'No'
(o)	Are you serving Airman of IAF?	Select 'Yes' or 'No' If Yes, fill the details from (i) to (iv)
(i)	Select Rank in IAF	Choose one from the list
(ii)	Service Number	Alphanumeric
(iii)	Current Posted Unit	Alphanumeric
(iv)	Select Command	Choose one from the list
(p)	Select Gender	Male or Female <b>Note:</b> Candidates should exercise due care while selecting the gender. In case you select wrong gender your candidature will be cancelled and no representation would be entertained in this regard.
(q)	Select Marital Status	Married or Unmarried
(r)	Date of Birth	DD-MM-YYYY
(s)	Confirm your Date of Birth	DD-MM-YYYY
(t)	Upload Changed Name proof	Upload Changed Name proof (40 KB to 50 KB)

3. Qualification Details		
(a)	Education Level	Choose one from the list 10 + 2 + Graduation 10 + 2 + Graduation + Post Graduation 10 + 2 + Integrated Post Graduation
(b)	Select Qualification Level	Choose one from the list, based on above selection Graduate Options A Graduate Options B Graduate Options C Graduate Options D
(c)	Select Degree Qualification	<u>Post-Graduation</u>  For Group 'A', 'B', 'D' Choose from - AMIE / ASI / IETE - Master of Engineering - Master of Technology For Option 'C'- choose from list.  For Group 'D'- Any Post graduate other than Group 'A','B' or 'C'.  Note: As per eligibility criteria, if candidate passing percentage is less than 50% in Post Graduation, then candidate can select 10+2+Graduation from "Education Level" drop down and select eligible branch based on Graduation level percentage.  <u>Graduation</u>  For Group 'A', 'B' Choose from - AMIE / ASI / IETE - Bachelor of Engineering - Bachelor of Technology For Option 'C' enter B.Com etc.  For Group 'D'- Any graduate other than Group 'A', 'B' or 'C'
(d)	Course Duration (in years)	For Group 'A', 'B' min 4 years and max 5 years For Group 'C', 'D' min 3 years and max 5 years
(e)	Name of College/ Institute	In alphabet of maximum 50 characters
(f)	Name of University	In alphabet of maximum 50 characters
(g)	Date/ Expected date of obtaining the Graduation	DD-MM-YYYY
(h)	Enter Aggregate/ Gross Percentage	Numeric 2 digit
(i)	Do you have Current backlog?	Select 'Yes' or 'No'
(j)	10+2 / Higher Secondary School Details	

(i)	Enter Aggregate/ Gross Percentage as per your 10+2 / Higher Secondary School Mark Sheet	Numeric 2 digit
(ii)	Enter Physics Percentage as per your 10+2/ Higher Secondary School Mark Sheet. Enter 0 (Zero), if not applicable.	Numeric 2 digit
(iii)	Enter Mathematics Percentage as per your 10+2/ Higher Secondary School Mark Sheet. Enter 0 (Zero), if not applicable.	Numeric 2 digit
<b>4. Course Preference</b>		
(a)	Courses	<p>Applicant to select from the list of courses in</p> <ul style="list-style-type: none"> <li>- Flying</li> <li>- Ground Duty (Technical)</li> <li>- Ground Duty (Non-Technical)</li> </ul> <p>Applicable courses will be based on the selection of candidate and eligibility as per the education qualification and age. Candidates are to mandatorily choose all courses as per their own preference. The registration process would not proceed further till the time all courses have been selected by the candidate.</p>
		<b>Note:</b> IAF reserves the right to allocate branches as per their suitability and availability of vacancies irrespective of the choices/options applied for by the candidates. No representation in this regard will be entertained
<b>5. NCC</b>		
(a)	NCC Air Wing "C" Certificate	If applicant is joining through NCC
(i)	NCC Certificate No.	In alphabets and/or Numbers
(ii)	NCC Certificate Acquired On	Date (DD-MM-YYYY)
(iii)	Grading	A or B or C
(iv)	Name of NCC Unit	Select Directorate name and NCC Unit
(v)	Enrolment Year	Numeric 4 digit (YYYY)
(vi)	Enrolment Number	Number
(vii)	Upload NCC 'C' certificate	Upload NCC 'C' Certificate (file size between 40KB to 50 KB)

<b>6. AFSB/ SSB appeared Candidates</b>		Applicant has to choose Yes or No If Yes fill details from (a) to (c)
(a)	Batch No.	In alphabets and/or Numbers
(b)	Enter Place of Appearing	Alphabets and/or Numbers
(c)	No of Days at AFSB	From (DD-MM-YYYY) to (DD-MM-YYYY)
<b>7. Source of AFCAT information</b>		
(a)	Source	List of information Newspaper, Employment News etc.
<b>8. GATE</b>		
(a)	Year of appearing	Select from Calendar
(b)	GATE Score	Numeric
<b>9. Communication Details</b>		
<b>(a) Permanent Address</b>		
(i)	Enter Full Address	Alphabet and Numbers of maximum 250 characters
(ii)	Select State/Union Territories	Choose any one from list of states displayed
(iii)	Select District / City	Choose any one from list of District/Cities displayed
(iv)	Select Sub District	Choose any one from list of Sub District displayed
(v)	Pin Code	Numeric 6 digits
(vi)	Nearest Railway Station	Alphabet of maximum 50 characters
(vii)	Landline Number	STD code and Landline Numeric 11 digit
(viii)	Aadhaar Card Number	12 digit Aadhaar number of the applicant as appearing in Aadhaar card issued by UIDAI.
(ix)	Check if Permanent Address is same as Correspondence Address.	If ticked, the Permanent address details are populated in the Correspondence address.
<b>(b) Correspondence Address</b>		
(i)	Full Address	In alphabet and numbers of maximum 250 characters
(ii)	State	Choose any one from list displayed
(iii)	District/City	Choose any one from list displayed
(iv)	Sub District	Choose any one from list displayed
(v)	Pin Code	Numeric 6 digits
(vi)	Nearest Railway Station	In alphabet of maximum 50 characters
<b>10. Upload documents</b>		Size of each file is to be between 10 KB and 50KB
(a)	Photograph	Upload un-attested recent passport size colour photograph (front portrait without headgear, except for Sikhs)
(b)	Signature	Upload scanned image of own signature in JPEG/JPG format
(c)	Thumb Impression	Upload scanned impression of the thumb in JPEG/JPG format
(d)	Live Image Capture	Capturing Candidate Live image via device camera
(e)	Declaration by the candidate	Check
<b>11. Select Exam City</b>		5 choices based on preference from the list of exam cities as mentioned in Para 8 (f)
<b>12. Select AFSB centre</b>		Applicable only for NCC

(k) **Applicants are strongly advised to apply online well in time to avoid the last minute rush leading to website/ server slowdown.**

(l) **Serving Airmen.** Serving Airmen are required to apply like other applicants. In addition, they would have to apply as per the service format given in AFO 11/ 2015 through service channel.

(m) **NOC for Government Employees.** The applicants who are already in Government Service including serving in the Armed Forces, Government-owned industrial undertakings or other similar organizations also need to apply only after **obtaining necessary permission from their departments concerned and they are required to produce NOC** at the time of AFSB testing, failing which, they will be routed back without being tested. NOC is mandatory irrespective of the candidate **being a permanent, temporary or Contractual employee.**

(n) **Permission of Employer.** Candidates should note that in case communication is received from their employer to withhold permission to the candidates who have applied for/ appearing in the examination, their candidature is liable to be cancelled. In case the employer refuses to provide NOC for any reason, that refusal is to be taken in writing and submitted to AFSB.

(o) Applicants are not required to submit any certificate, alongwith their applications, in support of their claims regarding age, educational qualifications, etc. However, certain mandatory documents are required to be carried in original at exam centres, the details of which is enumerated in para 8 (e).

(p) **Contact/ Reference Details during Registration & Communication.** While filling in the application form, the applicants must ensure that they provide their valid and active e-mail IDs as the IAF would use electronic mode of communication while contacting them at different stages throughout the selection process. On successful submission of online application form, the candidate will receive a confirmatory e-mail on their registered e-mail ID. As such, all communication to the IAF should invariably contain the following particulars without which no request would be entertained.

- (i) Branch, Course Number and Year of Examination.
- (ii) Transaction Number (for queries on payment).
- (iii) Registration Number (as given in Payment Status & Admit Card).
- (iv) Hall Ticket Number (as given in Admit Card).
- (v) Name of Applicant (in full and in block letters).

(q) **NCC Special Entry.** The candidates applying for NCC Special Entry should mandatorily have NCC Air Wing Senior Division 'C' certificate. The certificate should have been acquired within two years commencing from AFCAT registration date, when calculated backwards. The written exam is exempted for NCC Special Entry candidates and they will be directly called for AFSB testing at one of the AFSB centres.

## 8. **AFCAT.**

(a) **Scheme of Online Examination.** All applicants whose applications are submitted by due date will be called for AFCAT at one of the examination centres on **either 22 Feb 25 (Saturday) or 23 Feb 25 (Sunday).**

- (i) **Exam Schedule.** The AFCAT will be conducted in two days as per the following schedule:-

Activity	22 Feb 25 and 23 Feb 25	
	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift
Candidates Reporting Time	0800Hr	1300Hr
Verification of Admit Card, ID Proof, Biometric & Photograph capturing and Seating of Candidates	0800Hr - 0945Hr	1300Hr - 1445Hr
Reading of Instructions by candidates	0945Hr - 1000Hr	1445Hr - 1500Hr
Conduct of AFCAT	1000Hr - 1200Hr	1500Hr - 1700Hr

**Note:** Candidates will not be permitted to enter the exam centre, **under any circumstance, after the pre-exam verification process has commenced ie at 08:00 hrs for shift-I and 13:00 hrs for shift-II.**

- (ii) **Subject and Duration.** The subjects, time allowed and maximum marks allotted for AFCAT exam will be as follows:-

Exam	Subject	Duration	No. Questions of	Max Marks
AFCAT	General Awareness, Verbal Ability in English, Numerical Ability and Reasoning and Military Aptitude Test	02 Hours	100	300

- (iii) The Online examination will consist of objective type questions and will be in English only.

- (iv) **Marking Scheme** is as follows:-

- (aa) Three marks will be awarded for every correct answer.
- (ab) One mark will be deducted for every incorrect answer.
- (ac) No marks for unattempted questions.

- (v) **Normalisation of Marks.** In order to rationalise the marks scored by candidates appearing in different shifts in an objective manner through a statistical method, before declaration of result marks scored by candidates will be Normalised as per the following formula:-

$$\hat{M}_{ij} = \frac{\bar{M}_t^g - M_q^g}{\bar{M}_{ti} - M_{iq}} (M_{ij} - M_{iq}) + M_q^{gm}$$

Where:

$\hat{M}_{ij}$  = Normalized marks of  $j^{\text{th}}$  candidate in the  $i^{\text{th}}$  shift.

$\bar{M}_t^g$  = is the average marks of the top 0.1% of the candidates considering all shifts (number of candidates will be rounded-up).

$M_q^g$  = is the sum of mean and standard deviation marks of the candidates in the examination considering all shifts.

$\bar{M}_{ti}$  = is the average marks of the top 0.1% of the candidates in the  $i^{\text{th}}$  shift (number of candidates will be rounded-up).

$M_{iq}$  = is the sum of mean marks and standard deviation of the  $i^{\text{th}}$  shift.

$M_{ij}$  = is the actual marks obtained by the  $j^{\text{th}}$  candidate in  $i^{\text{th}}$  shift.

$M_q^{\text{gm}}$  = is the sum of mean marks of candidates in the shift having maximum mean and standard deviation of marks of candidates in the examination considering all shifts.

(vi) Candidates are required to appear for the Online AFCAT in person. Under no circumstance will any scribe or another candidate be allowed to appear/ assist in the exam.

(vii) Air Force has the discretion to fix qualifying marks in any or all the subjects of the examination.

(b) **Standard and Syllabus of the Examination:**

(i) **Syllabus.**

**(aa) English.** Comprehension, Detect Error in Sentence, Sentence Completion/ Filling in of correct word, Synonym/ Antonym, Cloze Test or Fill in the Gaps in a paragraph, Idioms and Phrases, Analogy, Sentence Rearranging, Substitution in a Sentence/ One Word Substitution.

**(ab) General Awareness.** History, Geography, Sports, National & International Organisations, Art & Culture, Personalities, Environment & Ecology, Indian Polity, Economy, Basic Science Based Knowledge, Science & Technology, Current Affairs (National & International), Defence.

**(ac) Numerical Ability.** Decimal Fraction, Time and Work, Average/ Percentage, Profit & Loss, Ratio & Proportion, Simple and Compound Interest, Time & Distance and Races (Trains/ Boats & Streams), Area and Perimeter, Probability, Number System & Number Series, Mixture & Allegation Rules, Clocks.

**(ad) Reasoning and Military Aptitude Test.** Verbal and Non-Verbal Reasoning



- (ii) **Standard.** The standard of Numerical Ability Questions will be of Matriculation level. The standard of questions in other subjects will be of graduation level (Indian University).
- (c) **Practice Test.** An online Practice Test is available on the IAF website <https://careerindianairforce.cdac.in> or <https://afcat.cdac.in>.
- (d) **Instructions for e-Admit Card and AFCAT Written Examination.**
- (i) The eligible candidates **who have successfully submitted their online application** shall be issued with an e-Admit Card **two** weeks before the date of the examination. The e-Admit Card will be sent to the registered email IDs and **can also be downloaded** from the website [www.careerindianairforce.cdac.in](http://www.careerindianairforce.cdac.in). No Admit Card will be sent by post. To download the e-Admit Card, a candidate should have his/ her **Username and Password**. The candidate will be solely responsible for downloading his/ her e-Admit Card.
- (ii) If the candidate does not receive his/ her admit card in their registered email id or is not able to download the same from the mentioned website or if there is any error/ discrepancy/ anomaly in the e-admit card, he/ she must inquire from AFCAT Query Cell at C-DAC, Pune immediately. **(Phone Nos. 020-25503105 or 020-25503106)**. E-Mail queries may be addressed to [afcatcell@cdac.in](mailto:afcatcell@cdac.in). No candidate will be allowed to appear in the examination unless he/ she holds a **printout of the** downloaded e-Admit Card for the examination.
- (iii) The courses to which the candidates are admitted will be according to their eligibility as per age and educational qualifications and the course preferences given by them. 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. On verification, in case the IAF finds that the information disclosed by the candidate is not correct or is false, his or her candidature will be treated as cancelled.
- (iv) Candidates are to ensure that the personal information in the front side of the e-Admit card are as per the details provided by them during the registration process. They are also advised to read the instructions given at the rear of the e-Admit card beforehand.
- (v) The decision of the IAF shall be final with regard to the acceptance of a candidate's application, based on the given information.
- (e) **Special Instructions to Candidates for Online Examination.**
- (i) **Items to be Brought Inside Examination Hall.** The following items are to be carried to the exam centre:-
- (aa) **Print out of e-Admit Card for AFCAT 01/2025.**
- (ab) Candidate's **Aadhaar Card in original (photocopy is not admissible).**
- (ac) **2<sup>nd</sup> photo identity card in original such as PAN Card/ Passport/ Driving Licence/ Voter Identity Card or any other valid photo identity proof issued by a govt agency, with details of Name, Father's Name, Date of Birth and a clear Photograph (photocopy is not admissible).**
- (ad) Name of the candidate in Aadhaar Card and 2<sup>nd</sup> valid photo Identity Card must be same as mentioned in his/her Matriculation Certificate (Class X).
- (ae) Two passport size colour photographs- same as the photo uploaded during online application (to be pasted, not stapled on Admit Card next to the printed photo and on attendance sheet at the exam centre).

(af) Ballpoint Pen (Blue or Black) for signing on the attendance sheet and rough work.

(ii) **Items not permitted inside Examination Hall.** Candidates are not allowed to carry any of the following items.

(aa) Bluetooth device, communication / electronic / digital / wireless devices like Calculators, Docupen, Electronic Watches with facilities of Calculator, Cellular Phone, Memory Card/ Stick, Pager, Organizer, Personal Digital Assistant (PDA), concealed Microphone Or Camera, Radio, Headset, Walkman, Recorder, Translator etc.

(ab) Textual or stationary material such as Pencil-box/Geometry box, Book, Log tables, Clip board, Slide rule (except blue or black transparent ballpoint Pen).

(ac) Personal items (Wristwatch/ Wristband, Bracelets, Handbags, Ornaments, Wallet, Purse, Head gear, Scarf, Goggles, Jackets), eatable items (Chips, Chocolates, Food, Drinks etc).

(iii) If any candidate is found in possession of any of the **Items Not Permitted**, as mentioned above, it will be construed as an attempt to use unfair means and his/her candidature will be cancelled. The item will be confiscated and suitable action as deemed fit will be initiated. The candidate will also be debarred from future AFCAT examinations.

(iv) Candidates are advised not to bring any valuable/costly items to the Examination Centres, as safe keeping of the same cannot be assured. IAF will not be responsible for any loss in this regard.

(v) **Malpractice.** If any candidate resorts to the use of unfair means during the exam, he/ she will be withdrawn from the examination and suitable action as deemed fit will be initiated. **His/ her candidature will be cancelled and the candidate will also be debarred from future AFCAT examinations.**

(vi) **Conduct in Examination Hall.** The candidates are expected to conduct themselves in a dignified manner during the examination or while interacting with the staff on duty. If any candidate is involved in act(s) of indiscipline at the exam centre (before, during or after the exam), he/ she will be withdrawn from the examination and his/ her candidature will be cancelled.

(vii) **Instructions for examination.** Question paper will be made available to candidates only during the online examination. The request of candidates to provide copies of question paper will not be entertained. No query pertaining to AFCAT will be entertained after six months from the date of exam. Candidates will not be permitted to leave the exam hall till completion of the examination.

(f) **Examination Cities for AFCAT 01/2025:** Agartala, Agra, Ahmedabad, Aizawl, Ambala, Amritsar, Bareilly, Belagavi, Bengaluru, Bhilai/ Durg, Bhopal, Bhubaneswar, Bhuj, Chandigarh/ Mohali, Chennai, Chhatrapati Sambhaji Nagar, Coimbatore, Dehradun, Delhi and NCR, Dibrugarh, Dimapur, Durgapur, Faridabad, Ganganagar, Gangtok, Gaya, Ghaziabad, Gorakhpur, Gurugram, Guwahati, Gwalior, Haldwani, Hissar, Hyderabad, Imphal, Indore, Itanagar, Jabalpur, Jaipur, Jalpaigudi, Jammu, Jamshedpur, Jodhpur, Jorhat, Kangra, Kannur, Kanpur, Kochi, Kolhapur, Kolkata, Kurukshetra, Leh, Lucknow, Ludhiana, Madurai, Mangaluru, Meerut, Mumbai, Muzzafarpur, Nagpur, Nasik, Noida, Panaji, Patna, Port Blair, Prayagraj, Puducherry, Pune, Ranchi, Roorkee, Shillong, Shimla, Solapur, Srinagar, Thane, Thiruvananthapuram, Thrissur, Tirupati, Udaipur, Vadodara, Varanasi, Vijayawada, Visakhapatnam.

\* The list of locations is tentative and may vary depending upon the availability/ requirement.

(g) **Allotment of Centres.** As far as possible, candidates will be allotted centres as per their choice. **Candidates should note that no request for change of centre/ date/ slot will be entertained.** Therefore, candidates should exercise due care before deciding date/ slot of his/ her choice for the centre for the examination before filling the form. In case of any eventuality, the AFCAT exam centres may be cancelled. In this scenario, alternate centres would be provided to the affected candidates. No representation would be entertained in this regard and decision of the IAF would be final.

## 9. **Air Force Selection Board (AFSB).**

(a) For AFCAT entry, IAF shall prepare a list of candidates who obtain the minimum qualifying marks in the Online AFCAT as fixed by the IAF in their discretion. Candidates who are declared successful in the Online AFCAT will be called at one of the Air Force Selection Boards. Candidates who have applied for NCC Special Entry will be directly called for AFSB testing at one of the AFSB centres. The AFSB centres are at Dehradun (1 AFSB), Mysuru (2 AFSB), Gandhinagar (3 AFSB), Varanasi (4 AFSB) and Guwahati (5 AFSB). **Candidates who have qualified in the written exam are required to choose AFSB date and venue by themselves on the website <https://careerindianairforce.cdac.in> or <https://afcat.cdac.in> in order to generate call- up letter for AFSB interview.**

(b) Based on organizational requirements, IAF may impose a second cut-off for particular branch and call additional eligible candidates for SSB testing. These candidates will be shortlisted purely based on order of merit for the particular branch. That particular branch should be one of the choices submitted by the candidate at the time of registration. The candidature of candidates thus shortlisted, will be valid for that particular branch only and not for any other branch. In the overall Order of Merit, they will be placed below the last candidate qualifying the First AFCAT cut off marks {Para 9(a) above}. If successful in the selection process, these candidates will be inducted into that particular branch only, subject to vacancies and order of merit. These candidates would be required to submit an undertaking to this effect.

(c) **Physical Fitness.** Candidates are advised to be physically fit when you report for SSB in order to be able to undergo various tests at AFSB. You should aim to achieve an ability to run 01 mile (1.6 kms) in 10 minutes, 10 push ups and 3 chin ups.

(d) **Tattoos.** The policy on permanent tattoos is as follows: -

(i) Permanent body tattoos are not permitted on any other body part **either visible or non-visible part, except** on the inner face of forearms i.e. from inside of the elbow to the wrist of both the hands and reverse side of palm/ back (dorsal) side of both hands for which a candidate will be required to sign a Self-Declaration Certificate. Small innocuous

tattoos that are not prejudicial to good order and military discipline, are permitted e.g. religious symbols or names of near and dear ones.

### **Candidates from Tribal Communities**

(ii) Tribes with tattoo marks on the face or body as per their existing customs and traditions will be permitted on a case to case basis. List of Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities are specified in a Notification Orders issued by the President under Article 342 of the Constitution of India in relation to particular state/ Union Territory and are amended from time to time. Candidates belonging to such Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities notified under Article 342, who by way of existing customs and traditions of his/ her Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities, already have permanent tattoos on any part of their body, will be permitted to continue to participate in the selection process at SSB only on the condition of submission of the following certificates by the such candidate, prior to commencement of Stage-I of the selection process:-

(aa) Self-Certification Certificate as per **Appendix 'E'** to be signed by the candidate.

(ab) Certificate bearing official seal stamp from any one of the following authorities duly certifying existence of customs and traditions of engraving of permanent tattoos on the body in Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities to which the candidate belongs of belonging to a tribal community as per format at **Appendix 'F'**: -

(aaa) DC/DM or SDM of the District/ Tehsil in whose jurisdiction such Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities resides. (Name and designation of the concerned official must be clearly mentioned).

(aab) Chairman/ Secretary or any other senior member of such Scheduled tribes or tribal communities or parts of or groups within tribes and tribal communities (Name, designation (if any) and address of the concerned member will be clearly mentioned).

### **Non-permissible Tattoos.**

(iii) Regardless of location of a tattoo on the body permitted/ not permitted), the following will fall under the category of '**non-permissible tattoos**': -

(aa) Tattoos on any other part of the body either visible or non-visible except as permissible vide preceding paragraph.

(ab) A tattoo with lewd or offensive content or indecent figures.

(ac) Tattoos that are indecent, sexist, extremist or racist are explained as follows: -

(aaa) Indecent tattoos are those that are grossly offensive to modesty, decency or propriety.

(aab) Sexist tattoos are those that advocate a philosophy that demeans a person based on gender.

(aac) Extremist tattoos are those that are indicative of involvement in or affiliation with extremist organisations.

(aad) Racist tattoos advocate a philosophy that degrades or demeans a person based on race, ethnicity or region and religion.

(e) **Narcotics.** Use/possession of narcotics is banned. Candidate may be tested for presence of drugs in the body during Medicals and subsequently during training/ service career as an officer. If candidate is found to be using/ in possession of narcotics during any time of training/service career, candidate would be debarred from joining the Indian Air Force or be removed from service if already joined.

(f) **Candidates with Alcohol Dependence Syndrome (ADS).** Candidates with Alcohol Dependence Syndrome (ADS) are liable to be terminated/invalidated from service.

(g) **AFSB Testing.** The testing at AFSB would consist of three stages as given below:-

(i) **Stage-I.** Officer Intelligence Rating Test alongwith Picture Perception and discussion test will be conducted on the first day. Stage-I test is a screening test and only those who qualify would undergo subsequent testing. All Stage-I qualified candidates would be subjected to document check to ascertain their eligibility for the branches applied for. Candidates who either do not qualify in Stage-I or do not meet the required eligibility criteria would be sent back on the first day itself.

(ii) **Stage-II.** Psychological test will be conducted on Day 1 (Evening) and the Group Tests and Interview would commence after document check for the next five days.

(iii) **For Flying Branch.** Computerised Pilot Selection System (CPSS) would be administered to recommended candidates only. This is once in a lifetime test. **Candidates who have failed the CPSS/ PABT in an earlier attempt or a Flight Cadet suspended from flying training at Air Force Academy will not be eligible.**

(h) **Change of Interview Dates.** Request for change of AFSB interview date should be avoided. Requests for postponing interview may be considered under genuine circumstances and that too if it is administratively convenient for which **Air Headquarters** will be the sole deciding authority. Such requests should be sent to AFSB Centre from where the call for AFSB interview has been received through **e-mail only**.

(j) Candidates will appear before the AFSB and undergo the test at their own risk and will not be entitled to claim any compensation or other relief from Government in the event 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 Selection Board whether due to the negligence of any person or otherwise. Candidates will be required to sign an indemnity bond to this effect on the form appended to the application.

(k) **Travel Allowance (TA).** To and fro travelling fare by the shortest route of AC-III Tier/AC Chair Car or actual normal bus fare will be re-imbursed to the candidates appearing in AFSB for the first time. Change of address, if any, must be intimated to the Board well before arrival. You shall furnish the railway ticket/ bus ticket (hard copy) to the Board, failing which no TA will be paid. For all other modes of travel, TA will be admissible as per the government authorized rules. Candidates are to furnish the correct and active Saving Bank Account which needs to be in their name and no other name or Bank Accounts like Sukanya Samridhi etc will be acceptable for transfer of the claim. In case of any delay in furnishing admissible tickets/bank account etc, a maximum period of one month from the date of commencement of SSB will be considered after which no TA claim will be paid and the amount will be returned to the Government. No further queries/claims will be accepted in this regard.

**No TA is admissible, if you have already appeared for the same type of entry at any of the Selection Boards. Candidates are to carry cancelled Cheque for Online Payment.**

(l) **Documents for AFSB.** Candidates are required to bring the following relevant documents, which will be checked during AFSB testing:-

- (i) AFCAT Admit Card.
- (ii) Original Matriculation/ Secondary School Certificate and Mark sheets issued by CBSE/ ICSE/ State Board. No other certificate will be accepted for verification of Date of Birth.
- (iii) Original Marks Sheet & Certificate of 10+2 (issued by the relevant Board).
- (iv) Original/ Provisional Graduation Degree/ Post Graduation Degree Certificates and Mark Sheet of each year/ semester issued by University - only for verification of educational qualifications to check eligibility for the course. Provisional Certificate issued by college Principal is **not acceptable**. However, Provisional Degree Certificate issued by the University is acceptable.
- (v) In case of final year/ semester students, a Certificate from the College Principal, clearly mentioning the following aspects annotated with proper stamp and seal of the Institution is required:-
  - (aa) Name of the College.
  - (ab) Name of the University.
  - (ac) Discipline in which Graduation/ Post Graduation obtained.
  - (ad) Aggregate Percentage.
  - (ae) Likely Date of Declaration of Final Result (in DD/MM/YYYY Format).
- (vi) Two attested photocopies of each of the above mentioned certificates.
- (vii) Original NCC Certificate (if applicable).
- (viii) NOC from employers for candidates working in Central/ State Govt. or Public Sector Undertakings.
- (ix) Original valid Commercial Pilots' License, issued by DGCA, if applicable.
- (x) Inbound Railway Ticket/ Bus Tickets. (For refund of Travelling Allowance)
- (xi) Candidates are also advised to bring twenty copies of recent passport size colour photographs taken in light coloured clothes against white background for documentation.

**(m) Candidates not in possession of the above documents or those who do not meet the eligibility conditions, should not report to the AFSB, as they will not be accepted for the tests and will be routed back without travelling allowances.**

(n) Candidates recommended by the IAF for interview by the Air Force Selection Board (AFSB) who have changed their addresses subsequent to the submission of their application for the examination should immediately after announcement of the result of the written part of the examination notify the changed address, along with an unstamped self-addressed envelope, also to Wg Cdr PO-3 (A/B) Air HQs. 'A' Block, 8th Floor, Room No. 838, Defence Office Complex, Kasturba Gandhi Marg, New Delhi-110 001. Failure to comply with this instruction will deprive

the candidate of any claim to consideration in the event of his/her not receiving the letter for interview by the AFSB.

(o) In case a candidate is routed back after the psychology test is over, due to injury/ medical unfitness/ not meeting the eligibility criteria/ any indiscipline / personal reasons or any unforeseen reason, the attempt would be counted as complete for the cycle and fresh dates for the AFSB testing would not be given to complete the testing. The candidate would have to apply afresh for the next cycle of AFCAT/ NCC Special entry for the AFSB.

10. **Final Merit List.** To be acceptable, candidates should secure the minimum qualifying marks separately in written examination and AFSB test as fixed by the IAF. Candidates will be placed in the order of merit on the basis of the total marks secured by them in the written examination and in the AFSB tests. The form and manner of communication of the result of the examination to individual candidates shall be decided by the IAF in their discretion. **10% of the vacancies are reserved for NCC Air Wing Senior Division 'C' certificate holders in Ground Duty (Technical and Non-technical) Branches.** Allotment of Branch would be based on number of vacancies, performance in the selection process, medical fitness and the choice given by the candidates.

11. **Training.** Candidates recommended by the AFSBs and found medically fit by appropriate medical establishment are detailed for training strictly on the basis of merit and availability of vacancies in various branches/ sub branches.

(a) **Date and Duration of Training.** Training is scheduled to commence in the first week of **Jul 2025** for all courses. The approximate duration of training for Flying and Ground Duty (Technical) Branches is **62 weeks** and that of Ground Duty (Non-technical) Branches is **52 weeks** at Air Force Training Establishments.

(b) **Physical Conditioning.** Prospective candidates are advised to keep themselves in good physical condition to adapt to physical training at AFA which encompasses running, swimming, rope climbing and other forms of physical training/conditioning in which they would undergo mandatory tests during training. Candidates are advised to keep themselves in good physical condition by following the under mentioned routine:-

- (i) Running: up to 4 Km. in 15 minutes.
- (ii) Skipping.
- (iii) Push ups & Sit-ups: Minimum 20 each.
- (iv) Chin ups: 08.
- (v) Rope Climbing: 3 to 4 metres.
- (vi) Swimming (25 m).

(c) After admission to Air Force Academy, candidates will not be considered for any other commission. They will not be permitted to appear for any interview or examination after they have been finally selected for training in AFA. No request for withdrawal of candidature received from a candidate after he/she has submitted his/her application will be entertained under any circumstance. PAN Card, Aadhaar card and account in SBI/ Nationalized Bank is mandatory at the time of joining Air Force Academy (AFA). Use/possession of narcotics is banned. Candidate may be tested for presence of drugs in the body during Medicals and subsequently during training/ service career as an officer. If candidate is found to be using/ in possession of narcotics during any time of training/service career, candidate would be debarred from training /service as per extant policy.

12. **Pay and Allowances.**

(a) **Pay.** Pay on Commissioning (as per 7<sup>th</sup> CPC)

Rank	Pay as per Defence Matrix	Level	MSP
Flying Officer	Rs. 56100 - 177500	10	Rs. 15500

**Note:- Flight Cadets shall receive a fixed stipend of Rs. 56,100/- per month during one year of training.**

(b) **Allowances.** In addition to pay, allowances are applicable based on the nature of duty/ place of posting and it includes Flying, Transport, Technical, Field Area, Special Compensatory (Hill area), Special Force, Siachen, Island Special Duty, Test Pilot & Flight Test Engineer, Area and Remote Locality Allowance, etc.

(c) **Insurance.** Rs. **1.25 crore** Insurance Cover (on contribution) is applicable to service officer from Air Force Group Insurance Society (AFGIS).

13. **Facilitation Counter for Guidance of Candidates.**

(a) For any Query related to Conduct of Online Examination, registration process, admit cards, candidates may contact AFCAT Cell on **020-25503105 or 020-25503106**. E-Mail queries may be addressed to [afcatcell@cdac.in](mailto:afcatcell@cdac.in).

(b) For all queries regarding Eligibility, allotment of AFSB centres, date of AFSB interview, merit list, Joining Instructions, and any other relevant information regarding selection process, candidates may contact on **011-23010231** Extn: **7610** or visit website **<https://careerindianairforce.cdac.in> or <https://afcat.cdac.in> or Toll free number 1800-11-2448**

(c) **Timings.** Telephonic query timings are from **0930 hrs to 1300 hrs and 1400 hrs to 1700 hrs** (Monday to Friday, except closed holidays).

14. In case any information furnished by the candidate during online registration, is found to be incorrect at any stage during selection procedure or after joining the training institute, the candidature of such candidates is liable to be cancelled and no representation will be entertained in this regard.

15. The details of various branches is available on our website <https://afcat.cdac.in> or [careerairforce.nic.in](https://careerairforce.nic.in).

16. **Disclaimer.** Information given in the notification and on the websites are guidelines only. In case of any ambiguity, the existing policies, rules and regulations of IAF/ Govt. of India will be final. **Terms and conditions for selection given in the notification are guidelines only and are subject to change without notice.**

17. **Statutory Warning.** Selection in the Indian Air Force is fair and merit based. Attempt to influence the selection process at any stage, or use of any unfair means like forgery, impersonation or supplying false information etc. is liable to lead to termination of candidature or initiation of service and legal action against the concerned individual.





# भारतीय वायु सेना Indian Air Force

## MEDICAL STANDARDS FOR AIR FORCE COMMON ADMISSION TEST (AFCAT- 01/2025) FOR FLYING BRANCH AND GROUND DUTY (TECHNICAL AND NON-TECHNICAL) BRANCHES/ NCC SPECIAL ENTRY FOR COURSES COMMENCING IN JANUARY 2026

### 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 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. 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.

### 4. Laboratory and Radiological Investigations for Special Medical Board

(a) **Hematology:** Complete Haemogram (Haemoglobin estimation, Total Leucocyte Count with Differential Leucocyte Count, Platelet Count).

(b) Hb Electrophoresis will be carried out in candidates for commissioning to exclude Haemoglobinopathies.

(c) **Biochemistry:** Liver function test (LFT), Renal Function Test (RFT), Blood glucose estimation (Fasting and two hours after 75 g anhydrous glucose/82.5 g glucose monohydrate loading), Lipid profile.

(d) Urine Routine Examination (RE) and Microscopic Examination (ME).

(e) ECG.

(f) **Radiology:** -

- (i) Radiograph Chest PA view in all candidates.
- (ii) Radiograph Lumbosacral Spine: AP and Lateral views in all candidates.
- (iii) In addition to the above radiographs, Cervical Spine - AP and Lateral views, Dorsal Spine - AP and Lateral views will be carried out in all candidates being assessed **for flying duties**.
- (iv) USG Abdomen and Pelvis.
- (v) Any other additional investigation deemed necessary will be conducted during the Appeal stage.

### **General Physical Assessment**

5. 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.

6. 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.
- (i) **History relating to Operations**. A candidate who has undergone an abdominal operation involving extensive surgical intervention or partial/ total excision of any organ is, 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**

7. **Chest Shape and Circumference.** 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 acceptable chest circumference in male candidates for commissioning is 77 cm. The chest expansion must be at least 05 cm for all categories of 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 01 cm.

## 8. **Height.**

(a) **Ground Duty Branches.** The minimum height for entry into ground duty branches is as follows:-

- (i) Male – 157 cm.
- (ii) Female - 152 cm.

**Note 1:-** In case of candidates of Lakshadweep ethnicity, the minimum acceptable height is reduced by 02 cm (155 cm for males and 150 cm for females). For Gorkhas and individual belonging to North-Eastern regions of India and hilly regions of Uttarakhand, the minimum acceptable height will be 05 cm less (152 cm for males and 147 cm for females).

**Note 2:-** Candidates of North East and Hilly states ethnicity includes Gorkhas, Kumaonis, Garhwalis, Assamese and those belonging to the states of Nagaland, Manipur, Mizoram, Meghalaya, Arunachal Pradesh, Tripura, Sikkim and hilly areas of Uttarakhand.

(b) **Flying Duty Branches.** The minimum height (both male and female) for entry into flying duty branches is as follows:-

- (i) Pilots, Flight Test Engineers (FTE) and WSO of Su 30 MKI - **162 cm.**
- (ii) Officers and airmen who apply for aircrew duties, other than F(P), FTE duties and WSO of Su-30 MKI - **157 cm.**

9. **Sitting Height, Leg Length and Thigh Length.** Acceptable measurements of leg length, thigh length and sitting height for such aircrew will be as under:-

- |                           |         |   |          |
|---------------------------|---------|---|----------|
| (a) <b>Sitting height</b> | Minimum | - | 81.5 cm  |
|                           | Maximum | - | 96.0 cm  |
| (b) <b>Leg Length</b>     | Minimum | - | 99.0 cm  |
|                           | Maximum | - | 120.0 cm |
| (c) <b>Thigh Length</b>   | Maximum | - | 64.0 cm  |

## 10. **Body Weight Parameters**

(a) The acceptable weight range for candidates is given at Annexure I (Male candidates) and Annexure II (Female candidates) to Appendix 'A'. Candidates outside the given weight range for their age and height will not be acceptable.

## **Cardiovascular System**

11. **Pulse.** 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.
12. **Blood pressure.** An individual with systolic blood pressure greater than or equal to 140 mmHg and/or diastolic blood pressure greater than or equal to 90 mmHg shall be rejected.
13. **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 associated with a normal ECG and chest radiograph, are most often functional.
14. **ECG.** Any ECG abnormality detected at SMB/Recruitment Medical Examination will be a ground for rejection. Benign ECG abnormalities like incomplete RBBB, T wave inversion in inferior leads, T inversion in V1 to 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 Advisor (Medicine)/Cardiologist should be obtained.
15. **Congenital Cardiac Anomalies.** All congenital cardiac anomalies will be declared unfit.
16. **Cardiac surgery and interventions.** Candidates with history of cardiac surgery/ intervention in the past will be considered unfit.

## **Respiratory System**

17. **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.
18. **Pleurisy with Effusion.** Any evidence of pleural thickening will be a cause for rejection. At the time of appeal, these cases will be subjected to detailed evaluation with appropriate investigations by Pulmonologist/Medical Specialist.
19. **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 and will be subjected to detailed evaluation with appropriate investigations at the time of appeal by Pulmonologist/Medical Specialist.
20. **Bronchial Asthma.** History of repeated attacks of bronchial asthma/wheezing/ allergic rhinitis will be a cause for rejection.
21. **Radiographs of the Chest.** Definite radiological evidence of disease of the lungs, mediastinum and pleurae are criteria for declaring the candidate unfit.
22. **Thoracic Surgery.** Candidate with history of any major surgery of the thorax will be considered unfit.

## **Gastrointestinal System**

23. **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.

24. **Gastro-Duodenal Disabilities.** Any past surgical procedure involving partial or total loss of an organ (other than vestigial organs/gall bladder) will entail rejection.

25. **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.

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

27. **Hernia.** Any abdominal wall hernia is unfit. A candidate with a well-healed surgical scar, after 24 weeks of either open or laparoscopic repair, is considered fit provided there is no evidence of recurrence and the abdominal wall musculature is good.

28. **Abdominal Surgery.** A candidate with well-healed scar post conventional abdominal surgery (except appendectomy through right iliac fossa incision, refer par 3.5.9 (b)) will be considered fit after 24 weeks 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.

29. **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.**

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

(aa) Anal Fissure, Hemorrhoids: After 12 weeks of surgery.

(ab) Pilonidal Sinus: After 12 weeks of surgery.

(b) **Unfit.**

(i) Rectal prolapse even after surgical correction.

(ii) Active anal fissure/External Skin tags.

(iii) Hemorrhoids (external or internal).

(iv) Anal Fistula.

(v) Anal or rectal polyp.

(vi) Anal stricture.

(vii) Fecal incontinence.

30. **Ultrasonography of Abdomen**

(a) **Liver.**

**Fit.**

- (i) Normal echo-anatomy of the liver, CBD, IHBR, portal and hepatic veins with liver span not exceeding 15 cm in the mid-clavicular line.
- (ii) Solitary simple cyst (thin wall, anechoic) upto 2.5 cm diameter provided that the LFT is normal and hydatid serology is negative.
- (iii) Hepatic calcifications to be considered fit if solitary and less than 01 cm with no evidence of active disease like tuberculosis, sarcoidosis, hydatid disease or liver abscess based on relevant clinical examinations and appropriate investigations.

**Unfit.**

- (i) Hepatomegaly more than 15 cm in mid-clavicular line.
- (ii) Fatty liver.
  - (aa) Grade 1 Fatty liver with abnormal LFT.
  - (ab) Grade 2 and 3 Fatty Liver.
- (iii) Solitary cyst > 2.5 cm.
- (iv) Solitary cyst of any size with thick walls, septations, papillary projections, calcifications and debris.
- (v) Multiple hepatic calcifications or cluster greater than 01 cm.
- (vi) Multiple hepatic cysts of any size.
- (vii) Any haemangioma irrespective of the size and location.
- (viii) Portal vein thrombosis.
- (ix) Evidence of portal hypertension (Portal Vein >13 mm, collaterals, ascites).

31. **Gall Bladder.**

(a) **Fit.**

- (i) Normal echo-anatomy of the gall bladder.
- (ii) **Post Laparoscopic Cholecystectomy.** After eight weeks, provided LFT and histopathology are within normal limits.
- (iii) **Post Open Cholecystectomy.** After 24 weeks, provided LFT and histopathology are within normal limits and in the absence of incisional hernia as confirmed on USG Abdomen.

(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.

(c) **Non-visualized Gall Bladder on USG.** Will be considered unfit. They will be considered fit during appeal, if agenesis of gall bladder is confirmed on Magnetic Resonance Cholangio-Pancreatography (MRCP), in the absence of any other abnormality of the biliary tract.

32. **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.

33. **Pancreas.**

(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.

34. **Peritoneal Cavity.**

(a) **Unfit.**

(i) Ascites.

(ii) Solitary mesenteric or retroperitoneal lymph node > 01 cm. (Single retroperitoneal LN < 01 cm and normal in architecture may be considered fit).

(iii) Two or more lymph nodes of any size

(iv) Any mass or cyst.

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

36. **Appendicectomy.**

(a) **Laparoscopic Appendicectomy** will be assessed for post-operative fitness after a minimum period of **four weeks**. Candidates will be considered fit if:-

(i) Post-operative site scars are well healed.

(ii) Scars are supple.

(iii) Histopathological report of appendix is available.

- (iv) USG confirmation of absence of port site incisional hernia.
- (b) **Open Appendicectomy** (appendicectomy through right iliac fossa incision only) will be assessed for post-op fitness after a minimum period **12 weeks**. Candidates will be considered fit, if :-
  - (i) Wound has healed well.
  - (ii) Scar is supple and non-tender.
  - (iii) Histopathological report of appendix is available.
  - (iv) USG confirmation of absence of surgical site incisional hernia.

### **Urogenital System**

The fitness criteria to be followed are as follows:-

#### **37. Undescended testis (UDT)/ Orchidectomy.**

- (a) **Unfit.**
  - (i) If the testis cannot be palpated (unilateral or bilateral) even after examination of the candidate in squatting position.
  - (ii) Bilateral orchidectomy due to any cause such as trauma, torsion or infection is unfit.
- (b) **Fit.**
  - (i) Operatively corrected UDT at least four weeks after surgery, provided after surgical correction, the testis is normal in location and the wound has healed well.
  - (ii) Unilateral orchidectomy for benign cause, provided other testis is normal in size, fixation and location.

#### **38. Atrophic Testis.**

- (a) **Unfit.** Bilateral atrophied testis.
- (b) **Fit.** Unilateral atrophic testis for benign cause, provided other testis is normal in size, fixation and location.

#### **39. Varicocele.**

- (a) **Unfit.** All grades of current varicocele.
- (b) **Fit.** Post-operative cases of varicocele with no residual varicocele and no post-op complications or testicular atrophy after eight weeks of surgery.

#### **40. Hydrocele.**

- (a) **Unfit.** Current hydrocele on any side.
- (b) **Fit.** Operated cases of hydrocele after eight weeks of surgery, if there are no post-op complications and wound has healed well.

#### **41. Epididymal Cyst/ Mass, Spermatocele.**

- (a) Unfit – Current presence of cyst / mass.



(b) Fit - Post Operative cases, where wound has healed well, there is no recurrence and only when benign on histopathology report.

42. **Epididymitis/ Orchitis.**

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

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

43. **Epispadias/ Hypospadias.**

(a) Unfit – All are unfit, except glanular variety of hypospadias and epispadias, which is acceptable.

(b) Fit – Post-operative cases at least 08 weeks after successful surgery, provided recovery is complete and there are no complications.

44. **Penile Amputation.** Any amputation will make the candidate unfit.

45. **Phimosis.**

(a) Unfit – Current phimosis, if tight enough to interfere with local hygiene and voiding and/ or associated with Balanitis Xerotica Obliterans.

(b) Fit – Operated cases will be considered fit after 04 weeks of surgery, provided wound is fully healed and no post-op complications are seen.

46. **Meatal Stenosis**

(a) Unfit – Current disease, if small enough to interfere with voiding.

(b) 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 Operative complications.

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

48. Sex reassignment surgery/ Intersex condition. Unfit

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

50. Renal Transplant Recipients. Unfit

51. Urachal Cyst :08 Weeks (To be declared fit in the absence of any remnant)

52. Cases of Bladder diverticulum will be declared as Unfit.

53. **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.

54. **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.

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

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

57. Ultrasonography of the Abdomen - Urogenital System

58. **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 single renal cyst of more than 1.5 cm size in one kidney.

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

(iv) Renal/ ureteric/ vesical mass.

(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.

**Endocrine System.**

59. Any history suggestive of endocrine disorders will be a cause for rejection.

60. **Clinical Examination.** Any clinical evidence of endocrine disease will be unfit.

61. All cases of thyroid swelling are unfit. Fitness of such cases will be decided during appeal medical board after evaluation with appropriate investigations.

62. 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 two hours of 75 g of anhydrous / 82.5 g monohydrate Glucose load) and HbA1c evaluation, which will be recorded.

### **Dermatological System.**

63. **Relevant History and Examination.** Candidates who give history of sexual exposure to a Commercial Sex Worker (CSW) and have evidence of healed penile sore in the form of a scar must be declared permanently unfit, even in absence of an overt STD, as these candidates are likely 'repeaters' with similar indulgent promiscuous behavior.

64. **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.

65. 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:-

66. **Palmoplantar Hyperhydrosis.** 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.

67. **Acne vulgaris** 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.

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

69. **Ichthyosis vulgaris** 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.

70. Candidates having any keloid should be considered unfit.

71. 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.

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

73. 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.

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

75. **Vitiligo.** Those having vitiligo must be made unfit. On appeal, segmental vitiligo under the covered parts may be accepted.

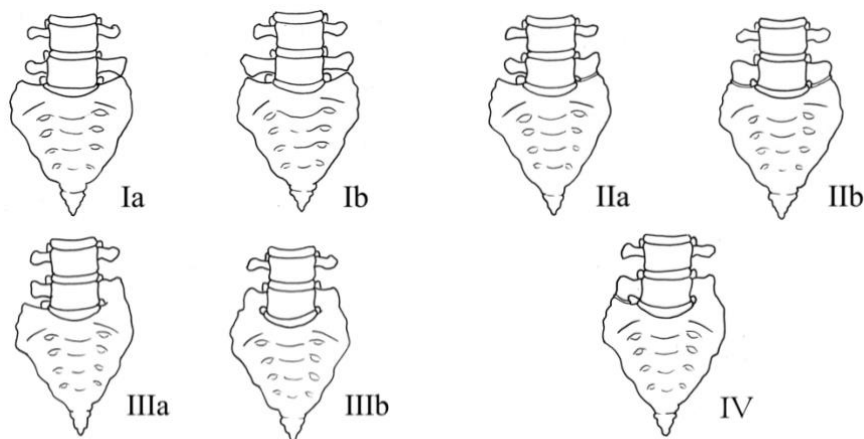
76. A history of chronic or recurrent episodes of skin infections will be cause for rejection. Folliculitis or sycosis barbae from which there has been complete recovery may be considered fit.
77. Individuals who have chronic or frequently recurring episodes of a skin disease of a serious or incapacitating nature e.g. eczema are to be assessed as permanently unfit and rejected.
78. 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.
79. Naevus depigmentosus and Beckers naevus may be considered fit. Intradermal naevus, vascular naevi are to be made unfit.
80. Pityriasis Versicolor is to be made unfit. They can be made fit on appeal, if completely treated.
81. Any fungal infection of any part of the body will be unfit. They can be made fit on appeal, if completely treated.
82. Scrotal Eczema may be considered fit on recovery.
83. Canities (premature graying of hair) may be considered fit if mild in nature and no systemic association is seen.
84. Intertrigo may be considered fit on recovery.
85. All STDs are unfit.
86. Scabies may be considered fit only on recovery.
87. 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.
88. **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
89. **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.

### **Musculoskeletal System and Physical Capacity**

90. **Spinal Conditions:** 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.
91. 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) 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. 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.
- (d) **Spina Bifida.** The following markers should be looked for, on clinical examination and corroborated with radiological evaluation:-
- (i) Congenital defects overlying the spine eg, hypertrichosis, skin dimpling, haemangioma, pigmented naevus or dermal sinus.
  - (ii) Presence of lipoma over spine.
  - (iii) Palpable spina bifida.
  - (iv) Abnormal findings on neurological examination.

92. **Castellvi Classification for Lumbosacral Transitional Vertebra (LSTV).**



**Castellvi Classification for LSTV**

- (a) **Type I.** Enlarged and dysplastic transverse process (at least 19 mm in width in craniocaudal dimension).
- (i) **I a.** Unilateral.
  - (ii) **I b.** Bilateral.
- (b) **Type II.** Pseudoarticulation of the transverse process and sacrum with incomplete lumbarisation/sacralisation (enlargement of the transverse process with pseudoarthrosis).
- (i) **II a.** Unilateral.
  - (ii) **II b.** Bilateral.
- (c) **Type III.** Transverse process fuses with the sacrum and there is complete lumbarisation or sacralisation (enlarged transverse process with complete fusion).
- (i) **III a.** Unilateral.

(ii) **III b.** Bilateral.

(d) **Type IV.** Type II on one side and type III on the contralateral side.

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

(a) **Congenital/Developmental Anomalies.**

(i) Wedge Vertebra.

(ii) Hemivertebra.

(iii) Anterior Central Defect.

(iv) Cervical Ribs (Unilateral/Bilateral) with demonstrable neurological or circulatory deficit.

(v) Spina Bifida. All types are unfit except in sacrum and LV5 (if completely sacralised).

(vi) Loss of Cervical Lordosis with neurological deficit.

(vii) **Assessment of Scoliosis.** Idiopathic scoliosis upto 10 degrees for Lumbar Spine and 15 degrees for Dorsal Spine will be acceptable provided:-

(aa) Individual is asymptomatic.

(ab) No history of trauma to spine.

(ac) No chest asymmetry/shoulder imbalance or pelvic obliquity in the lumbar spine.

(ad) There is no neurological deficit.

(ae) No congenital anomaly of the spine.

(af) There is absence of syndromic features.

(ag) ECG is normal.

(ah) No deformity exists on full flexion of the spine.

(aj) No restriction of range of movements

(ak) No organic defect causing structural abnormality.

(vii) Atlanto-occipital and Atlanto-axial anomalies.

(ix) Incomplete block vertebra at any level.

(x) Complete block vertebra **at more than one level.** (Single level is acceptable. Annotation is to be made in AFMSF-2).

(xi) **Lumbosacral Transitional Vertebra (LSTV)**. Unilateral sacralisation or lumbarisation (complete or incomplete) and Bilateral incomplete sacralisation or lumbarisation (LSTV- Castellvi Type II a and b, III a and IV).

Bilateral Complete Sacralisation of LV5 and Bilateral Complete Lumbarisation of SV1, LSTV Castellvi Type III b, Type I a and b are acceptable (Annotation is to be made in AFMSF-2).

(xii) Spondylolysis/Spondylolisthesis.

(xiii) Intervertebral Disc Prolapse.

(xiv) Schmorl's Nodes at more than one level.

(b) **Traumatic Conditions**

(i) Spondylolysis/ Spondylolisthesis

(ii) Compression fracture of vertebra

(iii) Intervertebral Disc Prolapse

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

(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) Osteoarthritis/ 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**

94. **Amputations and Deformities of Upper limbs.** Deformities of the upper limbs or their parts will be cause for rejection. Candidate with an amputation of a limb or any part of limb including fingers will not be accepted for entry.
95. **Fingers and Hands.** Deformities and limitations to movements will be considered unfit.
- (a) **Polydactyly.** Can be declared fit 12 weeks post- operative, if there is no bony abnormality on radiograph, wound is well healed, scar is supple and there is no evidence of neuroma on clinical examination.
  - (b) **Simple Syndactyly.** Can be declared fit 12 weeks post-operative, if there is no bony abnormality on radiograph, wound 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 hyperextensible 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 hyperlaxity in other joints, isolated presentation of hyperextensibility 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 extensor mechanism at the distal interphalangeal joint leads to Mallet finger. Chronic mallet deformity can lead to secondary changes in the proximal inter-phalangeal (PIP) and metacarpo-phalangeal (MCP) joint which can result in compromised hand function. Normal range of movement at distal inter-phalangeal (DIP) joints is 0-80 degree and PIP joint is 0-90 degree in both flexion and extension. In Mallet finger, the candidate is unable to extend/straighten distal phalanx of fingers completely.
    - (i) Candidates with mild condition ie, less than 10 degree of extension lag without any evidence of trauma, pressure symptoms and any functional deficit must be declared fit.
    - (ii) Candidates with fixed deformity of fingers will be declared unfit.
96. **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.
97. **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 15° in male and 18° in female candidates would be made fit.
98. **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 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 degrees should be unfit.
99. Cubitus Varus of > 5 degree will be unfit.



100. Cubitus Recurvatum: Cubitus recurvatum > 10 degrees is unfit
101. Shoulder Girdle. History of recurrent dislocation of shoulder with or without corrective surgery will be unfit.
102. 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**

103. 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.
104. Hallux rigidus is unfit for service.
105. 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.
106. Loss of any digits/ toes entails rejection.
107. Deformities of the lower limbs or their parts will be cause for rejection. Candidate with an amputation of a limb or any part of limb including toes will not be accepted for entry.
108. **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 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.
109. 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.
110. Ankle Joints. Any significant limitation of movement following previous injuries will not be accepted. Functional evaluation with imaging should be carried out wherever necessary.
111. Knee Joint. Any ligamentous laxity is not accepted. Candidates who have undergone ACL reconstruction surgery are to be considered unfit.
112. Genu valgum (knock knee) with intermalleolar distance > 5 cm in males and > 8 cm in females will be unfit.
113. Genu varum (bow legs) with intercondylar distance > 7 cm will be considered unfit.
114. 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.
115. True lesions of the hip joint or early signs of arthritis will entail rejection.

### **Healed Fractures**

116. **Intra-Articular Fractures**. 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.
117. **Extra-Articular Fractures**.

- (a) 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.
- (b) Nine 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 considered fit if there is:-
- (i) No evidence of mal-alignment/mal-union.
  - (ii) No neuro-vascular deficit.
  - (iii) No soft tissue loss.
  - (iv) No functional deficit.
  - (v) No evidence of osteomyelitis/sequestra formation.

#### 118. Peripheral Vascular System

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

120. 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.

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

### **Central Nervous System**

122. **History of Mental Illness.** A candidate giving a history of mental illness/psychological afflictions will be rejected.

123. **Family History of Psychological Disorders.** 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 must entail rejection.

124. **Family History of Epilepsy.** If a history of epilepsy is obtained in a near relative, then the candidate must be made unfit and subjected to a detailed evaluation with appropriate investigations at the time of appeal.

125. **Severe or 'Throbbing' Headache and Migraine.** A candidate with migraine, which was severe enough to make him/her consult a doctor, will be a cause for rejection. Even a single attack of migraine with visual disturbance or Migrainous epilepsy is to be made unfit.

126. **Fits and Convulsions.** History of epilepsy in a candidate is a cause for rejection. 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. Complex partial seizures, are criteria for making the candidate unfit.

127. **Heat stroke.** 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.

128. **Head Injury or Concussion.** A history of severe head injury/fracture of the skull/ history of intracranial damage or any residual bony defect in the calvaria is a cause for rejection. Presence of burr holes will be cause for rejection.
129. **Psychosis.** All candidates who are suffering from psychosis are to be rejected. Drug dependence in any form will also be a cause for rejection.
130. **Psychoneurosis.** Mentally unstable and neurotic individuals are unfit for commissioning. Juvenile and adult delinquency, history of nervous breakdown or chronic ill-health are causes for rejection.
131. **Organic Nervous Conditions.** Any evident neurological deficit will call for rejection.
132. **Tremors.** Persistent tremors even after reassuring the candidate will be unfit. On appeal only pathological tremors will render the candidate unfit.
133. **Stammering.** Candidates with stammering will be declared unfit. Stammering will be made unfit, even if it is first detected during the time of appeal medical board.
134. Any history of mental disorder in the family or in the candidate himself/herself or signs of intellectual, emotional or conduct disorders or symptoms of psychosomatic disorders should be made unfit and subjected to detailed evaluation and appropriate investigations at the time of appeal by the psychiatrist.
135. **Hyperstosis Frontalis Interna** will be considered fit in the absence of any other metabolic abnormality.

### **Ear, Nose and Throat**

#### 136. **Nose and Para-nasal Sinuses.**

##### (a) **External Deformity of Nose or Deviated Nasal Septum.**

- (i) Unfit - Gross external deformity of nose causing cosmetic deformity or obstruction to free breathing as a result of a marked septal deviation.
- (ii) On appeal - Post corrective surgery with residual mild deviation with adequate airway patency will be acceptable after four weeks post surgery.

##### (b) **Septal Perforation-** Unfit

- (i) On appeal - Any anterior septal perforation/posterior septal perforation > 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.

##### (c) Atrophic rhinitis- Unfit.

##### (d) Any history/clinical evidence suggestive of allergic rhinitis/vasomotor rhinitis are to be declared Unfit

##### (e) Any infection of the para-nasal sinuses is to be declared Unfit. Such cases may be accepted following successful treatment at the Appeal Medical Board.

##### (f) **Nasal polyposis.** Unfit (treated or untreated).

#### 137. **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 after four weeks post-surgery with proven benign histopathology.
- (ii) Operated cases of mucus retention cyst with no recurrence and proven benign histology. Evaluation in these cases must be done after minimum four weeks post-surgery.
- (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.

138. **Pharynx and Larynx.** The following conditions are unfit:-

- (a) Any ulcerative/mass lesion of the pharynx.
- (b) Candidates in whom tonsillectomy is indicated. Such candidates may be accepted minimum four weeks after successful surgery provided there are no sequelae 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.

139. **Eustachian Tube Dysfunction.** Unfit- Obstruction or insufficiency of Eustachian tube function.

140. **Tinnitus.** Unfit

141. **Susceptibility to Motion Sickness.** Specific enquiry must be made for any susceptibility to motion sickness. An endorsement to this effect must 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.

142. **Hearing loss.** The following are not acceptable: -

- (a) Hearing acuity below 600 cm in CV or FW.
- (b) The audiometric loss greater than 20 db, in frequencies between 250 and 8000 Hz on PTA.

143. **External Ear.** The following defects of external ear must 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) Any condition (ear wax, atresia/narrowing of external auditory meatus or neoplasm, exaggerated tortuosity of the canal, bony growth of external auditory canal) preventing a proper visualization of the tympanic membrane.

(d) Granulation or polyp in external auditory canal.

144. **Middle Ear**. The following conditions of middle ear will entail rejection:-

(a) **Otitis Media**. Current Otitis Media of any type will entail rejection. If evidence of healed chronic otitis media (in the form of tympanosclerosis/scarred tympanic membrane affecting only pars tensa part of tympanic membrane) and all operated cases of tympanoplasty/Myringotomy will be assessed by ENT specialist. They will be acceptable if Pure Tone Audiometry (PTA) and Tympanometry are normal. On appeal, a trial of decompression chamber may be carried out, if indicated, for aircrew, ATC/FC, submariners/divers.

(b) Any type of TM perforation or healed perforation/retraction in pars flaccida of the tympanic membrane is unfit.

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

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

(e) Any implanted hearing devices eg, cochlear implants, bone-anchored hearing aids etc.

(f) After middle ear surgeries viz, stapedectomy, ossiculoplasty, any type of mastoidectomy.

145. **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**

146. **Clinical Examination findings**.

(a) Candidates, who are wearing spectacles or found to have defective vision, should be properly assessed. All cases of squint are unfit.

(b) **Ptosis**.

(i) Candidates, who meet the following criteria are **Fit**.

(aa) Mild ptosis.

(ab) Clear visual axis.

(ac) Normal visual field.

(ad) No sign of aberrant degeneration/head tilt /Horner's Syndrome.

(ii) Rest all cases - **Unfit**

(iii) On appeal - Candidates who have undergone surgical correction may be considered fit provided one year has elapsed post-surgery with no recurrence, the above-mentioned criteria are met and upper eyelid is not more than 02 mm below the superior limbus.

- (c) **Exotropia**. Unfit.
- (d) **Anisocoria**. If size difference between the pupils is  $>01$  mm, candidate will be considered unfit.
- (e) **Heterochromia irides**. Unfit
- (f) **Sphincter tears**. Can be considered fit, if size difference between pupils is  $<01$  mm, pupillary reflexes are brisk with no observed pathology in cornea, lens or retina.
- (g) **Pseudophakia**. Unfit
- (h) **Blepharitis**. Candidates with blepharitis, particularly with loss of eyelashes, must be rejected.
- (j) **Ectropion/Entropion**. These cases are to be made unfit. On appeal, 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) **Pterygium**. All cases of pterygium are to be made unfit. On appeal, regressive non-vascularised pterygium occupying  $\leq 1.5$  mm of the peripheral cornea may be made fit by Eye Specialist after measurement on a slit lamp.
- (l) **Nystagmus**. All cases of nystagmus are to be made unfit except for physiological nystagmus.
- (m) Naso-lacrymal duct occlusion producing epiphora or a mucocele entails rejection.
- (n) Active Uveitis (iritis, cyclitis and choroiditis) will be grounds for rejection. Candidates giving a history of this condition should be made unfit.
- (o) **Cornea**.
  - (i) **Unfit**
    - (aa) Corneal scars/opacities
    - (ab) Any candidate with progressive corneal disorders viz, Corneal dystrophies, Keratoconus, Keratoglobus, any corneal degenerations.
    - (ac) Any active corneal disorder.
  - (ii) On appeal corneal scars are acceptable if it does not interfere with vision.
- (p) **Lenticular opacities**. – Unfit
  - On appeal**
    - (i) **Unfit**- Any lenticular opacity that is causing visual deterioration or is in the visual axis or central area of 04 mm around the pupils is unfit. The propensity of the opacities not to increase in size or number should also be considered.
    - (ii) **Fit** - Small stationary lenticular opacities in the periphery like congenital blue dot cataract, not affecting the visual axis/visual field (should be less than 10 in number and central area of 04 mm should be clear).
- (q) **Optic Nerve Drusen**. Unfit.
- (r) **High Cup - Disc ratio**. Unfit, if any of the following conditions exist:-
  - (i) Inter-Eye asymmetry in cup disc ratio  $> 0.2$ .

- (ii) Retinal Nerve fibre Layer (RNFL) defect seen by RNFL analysis on Optical Coherence Tomography (OCT).
- (iii) Visual Field defect detected by Visual Field Analyser.
- (s) Migraine with visual symptoms are not a strictly ocular problem and should be assessed in accordance with para 124.
- (t) 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 obtained in every case. Certificate should be as per Appendix C to this chapter. A proven case of night-blindness is unfit.
- (u) Restriction of movements of the eyeball in any direction and undue depression/prominence of the eyeball are unfit.
- (v) **Retinal lesions.** A small healed chorio-retinal scar in the retinal periphery not affecting the vision and not associated with any other complications will be considered fit. Similarly, a small lattice in periphery with no other complications will be made fit. **Any lesion in the central fundus will be made unfit.**
- (w) **Lattice degeneration.**
  - (i) The following lattice degeneration will render a candidate unfit:-
    - (aa) Single circumferential lattice extending more than two clock hours in either or both eyes.
    - (ab) Two circumferential lattices, each more than one clock hour in extent in either or both eyes.
    - (ac) Radial lattices.
    - (ad) Any lattice with atrophic hole/flap tears (Unlasered).
    - (ae) Lattice degeneration posterior to equator.
  - (ii) Candidates with lattice degeneration will be considered fit under the following conditions: -
    - (aa) Single circumferential lattice without holes of less than two clock hours in either or both eyes.
    - (ab) Two circumferential lattices without holes each being less than one clock hour in extent in either or both eyes.
    - (ac) Post-laser delimitation, single circumferential lattice, without holes/flap tear, less than two clock hours extent in either or both eyes.
    - (ad) 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.

147. **Visual Acuity/Colour Vision.** The visual acuity and colour vision requirements are detailed in Appendix D to this chapter. Those who do not meet these requirements will be rejected.

148. **Myopia.**

- (a) Unfit, if outside the prescribed visual limits.
- (b) Unfit even if the corrected visual acuity is within the acceptable limits when:-
  - (i) There is a strong family history of high myopia, and that the visual defect is recent onset.
  - (ii) If physical growth is still expected.
  - (iii) If the fundus appearance is suggestive of progressive myopia.

149. **Refractive Surgeries.** The disposal of candidates who have undergone Keratorefractive Surgeries (PRK, LASIK, Femto LASIK, SMILE or equivalent procedures) for commissioning in the Air Force in all branches is as follows :-

- (a) **Fit**
  - (i) Candidates for IAF meeting the visual requirements for the branch as laid down in Appendix D to para **146**. Residual refraction after such procedure should not be more than +/- 1.0 D Sph or Cyl for branches where correctable refractive errors are permitted.
  - (ii) Keratorefractive Surgery must not have been carried out before the age of 20 years.
  - (iii) At least 12 months must have elapsed post uncomplicated stable Keratorefractive Surgery with no history or evidence of any complication.
  - (iv) The axial length of the eye must not be more than 26 mm as measured by IOL master.
  - (v) The post Keratorefractive Surgery corneal thickness as measured by a corneal Pachymeter must not be less than 450 microns.
- (b) **Unfit**
  - (i) Radial Keratotomy (RK) surgery for correction of refractive errors
  - (ii) Individuals with high refractive errors (> 6 D) prior to Keratorefractive Surgery.

150. **Cataract Surgeries.** Candidates having undergone cataract surgery with or without IOL implants will be declared unfit.

151. **Other Eye Surgeries.** Candidates having undergone any invasive surgeries viz, Implantable Collamer Lens (ICL), Trabeculectomy, Glaucoma surgeries with or without implants, Corneal Collagen Crosslinking with Riboflavin (C3R), INTACS, any intra ocular injections, retinal surgeries etc, will be declared unfit.

### **Ocular Muscle Balance**

152. Individuals with manifest squint are not acceptable for commissioning.

153. 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.**
    - (aa) Up to 10 cm- Fit.



(ab) More than 10 cm - Unfit.

(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 years	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

154. 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. Standards for assessment of Ocular Muscle Balance are detailed in **Appendix E** to this chapter.

155. 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.

**Annexure I**  
**(Refer para 8 & 10 of Appendix 'A')**

**WEIGHT FOR HEIGHT CHART: MALES (AT ENTRY)**

Height (cm)	Minimum Weight (Kg)	Maximum Weight (Kg)		
		Age at last birthday Below 20 yrs	Age at last birthday 20 to 25 yrs	Age at last birthday Above 25 yrs
152	40	53	55	58
153	40	54	56	59
154	40	55	57	59
155	41	55	58	60
156	41	56	58	61
157	42	57	59	62
158	42	57	60	62
159	43	58	61	63
160	44	59	61	64
161	44	60	62	65
162	45	60	63	66
163	45	61	64	66
164	46	62	65	67
165	46	63	65	68
166	47	63	66	69
167	47	64	67	70
168	48	65	68	71
169	49	66	69	71
170	49	66	69	72
171	50	67	70	73
172	50	68	71	74
173	51	69	72	75
174	51	70	73	76
175	52	70	74	77
176	53	71	74	77
177	53	72	75	78
178	54	73	76	79
179	54	74	77	80
180	55	75	78	81
181	56	75	79	82
182	56	76	79	83
183	57	77	80	84
184	58	78	81	85
185	58	79	82	86
186	59	80	83	86
187	59	80	84	87
188	60	81	85	88
189	61	82	86	89
190	61	83	87	90
191	62	84	88	91
192	63	85	88	92
193	63	86	89	93

194	64	87	90	94
195	65	87	91	95
196	65	88	92	96
197	66	89	93	97
198	67	90	94	98
199	67	91	95	99
200	68	92	96	100

**Annexure II**  
**(Refer para 8 & 10 of Appendix 'A')**

**WEIGHT FOR HEIGHT CHART: FEMALES (AT ENTRY)**

Height (cm)	Minimum Weight (Kg)	Maximum Weight (Kg)		
		Age at last birthday Below 20 yrs	Age at last birthday 20 to 25 yrs	Age at last birthday Above 25 yrs
147	37	45	48	51
148	37	46	48	51
149	37	47	49	52
150	37	47	50	53
151	37	48	50	54
152	37	49	51	54
153	37	49	51	55
154	38	50	52	56
155	38	50	53	56
156	39	51	54	57
157	39	52	54	58
158	40	52	55	59
159	40	53	56	59
160	41	54	56	60
161	41	54	57	61
162	42	55	58	62
163	43	56	58	62
164	43	56	59	63
165	44	57	60	64
166	44	58	61	65
167	45	59	61	66
168	45	59	62	66
169	46	60	63	67
170	46	61	64	68
171	47	61	64	69
172	47	62	65	70
173	48	63	66	70
174	48	64	67	71
175	49	64	67	72
176	50	65	68	73
177	50	66	69	74
178	51	67	70	74
179	51	67	70	75
180	52	68	71	76
181	52	69	72	77
182	53	70	73	78
183	54	70	74	79
184	54	71	74	80
185	55	72	75	80
186	55	73	76	81
187	56	73	77	82
188	57	74	78	83
189	57	75	79	84
190	58	76	79	85
191	58	77	80	86
192	59	77	81	87

193	60	78	82	88
194	60	79	83	88
195	61	80	84	89

**Appendix C**

[Refers to para 146 (t) 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)

(Refers para 147 of Ophthalmology standards)

**VISUAL STANDARDS FOR  
OFFICERS, CADETS AND AIRMEN AIRCREW AT INITIAL ENTRY**

<b><u>Ser No.</u></b>	<b><u>Med Cat</u></b>	<b><u>Branch</u></b>	<b><u>Maximum Limits of Refractive Error</u></b>	<b><u>Visual Acuity (VA) with Limits of Maximum Correction</u></b>	<b><u>Colour Vision</u></b>
1.	A1G1	F(P) including WSOs/CSOs, Flying Branch Cadets at NDA and AFA	<b>Hypermetropia:</b> +1.5 D Sph <b>Manifest Myopia:</b> Nil <b>Astigmatism:</b> + 0.75 D Cyl (within +1.5 D Max) <b>Retinoscopic Myopia:</b> Nil	6/6 in one eye and 6/9 in other, correctable to 6/6 both eyes only for Hypermetropia	CP-I
2.	A1G1	Aircrew other than F(P)	<b>Hypermetropia:</b> +3.5 D Sph <b>Myopia:</b> -2.0 D Sph <b>Astigmatism:</b> $\pm$ 0.75 D Cyl	6/24 in one eye and 6/36 in other, correctable to 6/6 both eyes	CP-I
3.	A4G1	Adm/ATC/FC/WS	<b>Hypermetropia:</b> +3.5 D Sph <b>Myopia:</b> -3.50 D Sph <b>Astigmatism:</b> $\pm$ 2.50 D Cyl	Correctable to 6/6 in each eye. Wearing of glasses will be compulsory when visual acuity is below 6/6	CP-II
4.	A4G1	AE(M)/ AE(L)	<b>Hypermetropia:</b> +3.5 D Sph <b>Myopia:</b> -3.50 D Sph <b>Astigmatism:</b> $\pm$ 2.50 D Cyl	Corrected visual acuity must be 6/6 in each eye. Wearing of glasses will be compulsory when advised.	CP-II
5.	A4G1	Met	<b>Hypermetropia:</b> +3.5 D Sph <b>Myopia:</b> -3.50 D Sph <b>Astigmatism:</b> $\pm$ 2.50 D Cyl	Corrected visual acuity must be 6/6 both eyes. Wearing of glasses will be compulsory.	CP-II
6.	A4G1	Accts/ Lgs/ Edn	<b>Hypermetropia:</b> +3.5 D Sph <b>Myopia:</b> -3.50 D Sph <b>Astigmatism:</b> $\pm$ 2.50 D Cyl	Corrected visual acuity must be 6/6 both eyes. Wearing of glasses will be compulsory.	CP-II
8.	A4G1	10+2/NDA Entry to ground Duty Branches of IAF (AE(L)/ADM/LGS)	<b>Hypermetropia:</b> +2.5 D Sph <b>Myopia:</b> -2.50 D Sph <b>Astigmatism:</b> $\pm$ 2.0 D Cyl	Uncorrected VA 6/36 and 6/36 Corrected VA 6/6 and 6/6	CP-II

**Note:** -

1. Ocular muscle balance for personnel covered in Ser No. 1 and 2 must conform to Appendix C to this Chapter.

2. Visual standards of Air Wing Cadets at NDA and Flt Cdts of F(P) at AFA must conform to A1G1 F(P) standard (Ser No. 1 of Appendix B).
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.
4. Medical Standards of Medical and Dental Officers are as notified by o/o DGAFMS, as amended from time to time.



**STANDARD OF OCULAR MUSCLE BALANCE FOR FLYING DUTIES**

Ser. No.	Test	Fit
1	Maddox Rod Test at 06 m	Exo - 06 Prism D Eso - 06 Prism D Hyper - 01 prism D Hypo - 01 prism D
2	Maddox Rod Test at 33 cm	Exo -16 Prism D Eso - 06 Prism D Hyper - 01 Prism D Hypo - 01 Prism D
3	TNO Test or Titmus Fly Test	All of BSV grades
4	Convergence	Up to 10 cm
5	Cover Test for Distance and Near	Latent divergence/convergence recovery rapid and complete

**Haemopoietic System**

**156.** All cases of anemia (<13 g/dL in males and <11.5 g/dL in females) will be declared unfit during SMB.

**157.** 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.

**158.** Candidates with history of haemophilia or von Willebrand's disease are to be declared unfit. Candidates with clinical evidence of purpura or evidence of thrombocytopenia are to be considered unfit. Cases of Purpura Simplex (simple easy bruising), a benign disorder seen in otherwise healthy women, may be accepted.

**159.** **Monocytosis.** Absolute monocyte counts greater than 1000/cumm or more than or equal to 10% of total WBC is to be deemed unfit.

**160.** **Eosinophilia.** Absolute eosinophil counts greater than or equal to 500/cumm is deemed unfit.

**161.** Haemoglobin more than 16.5 g/dL in males and more than 16 g/dL in females will be considered as Polycythemia and deemed Unfit.

**Dental Fitness Standards**

**162.** **Dental Standards.**

(a) Candidate must have a total 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) The above dental standards are to be followed and candidates who do not conform to the laid down standards will be rejected.

**163. Extra Oral Examination.**

(a) **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.

(b) **Functional Examination.**

(i) **Temporo-Mandibular Joint (TMJ).** TMJs will be bilaterally palpated for tenderness and/or clicking. Candidates with symptomatic clicking and/or tenderness or dislocation of the TMJ on wide opening will be rejected.

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

**164. Guidelines for Awarding Dental Points in Special Situations.**

(a) **Dental caries.** Teeth with caries that have not been restored or teeth associated with 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.

(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 ie pink in colour, firm in consistency and firmly resting against the necks of the teeth. Visible calculus should not be present.

(ii) Individual teeth with localized periodontitis (swollen, red or infected gums or those with visible calculus) will not be awarded dental points.

(iii) Candidates with severe periodontal disease (generalized calculus, extensive swollen and red gums, with or without exudates), shall be rejected. If periodontal disease is not severe and the teeth are otherwise sound, the candidate may be accepted if in the opinion of the Dental Officer, he/she can be cured by simple periodontal therapy excluding extraction.

(g) **Malocclusion**. Candidates with malocclusion affecting masticatory efficiency and phonetics shall not be selected. 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) **Orthodontic 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**. Implants and Implant Supported Prosthesis will not be awarded any dental points. In the case of ex-serviceman applying for re-enrolment, dental points will be awarded for removal dental prosthesis.

(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 for the natural tooth (abutments).

**Note:-** Any prosthesis, removable/fixed or implant borne, the natural tooth/teeth in that component will be awarded dental points.

#### 165. **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**

**166. 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.

**167. General Medical and Surgical Standards**

(a) 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.

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

(c) Amazia, Polymazia and Polythelia (Accessory nipple) will be considered unfit during SMB. Operated cases of Polymazia/Polythelia will be considered fit after 12 weeks of post-operative period after excision, if there is a well healed surgical wound and no post-operative complications.

**168. Gynaecological Examination.** Any abnormality of external genitalia will be considered on merits of each case.

(a) Following conditions are acceptable:-

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

(ii) Arcuate type of congenital uterine anomaly.

(b) Following conditions will entail rejection:-

(i) Amenorrhoea will be grounds for rejection. Such candidates will be investigated, and fitness will be considered on merits after examination and investigations during AMB.

(ii) Severe menorrhagia or/and severe dysmenorrhoea.

(iii) Stress urinary incontinence.

(iv) 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.)

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

- (vi) Disorders of sexual differentiation.
- (vii) Significant hirsutism especially with male pattern of hair growth.
- (c) Any other gynaecological condition not covered above will be considered on merits of each case by Gynecologist.

### **Pregnancy**

**169.** Current pregnancy would be a cause for rejection. The minimum period after which the candidate will be reviewed for appeal post pregnancy would be as follows: -

- (a) **Vaginal delivery.** 24 weeks after an uncomplicated vaginal delivery.
- (b) **MTP/Abortion.** Minimum four weeks and up to 12 weeks.
- (c) **Caesarean section.** 52 weeks after uncomplicated caesarean section delivery.

**170.** The individual would then be examined by the Gynaecologist and assessed regarding her fitness. In cases wherein more than six months have elapsed, after the initial medical examination, the candidate would be subjected to repeat complete medical examination as per the existing regulations.

**171. Ultrasonography of Lower Abdomen and Pelvis for Women Candidates.** This would be done as per existing orders: -

(a) **Fit.**

- (i) Single small fibroid uterus (03 cm or less in diameter) without symptoms.
- (ii) Unilocular clear ovarian cyst less than 06 cm in diameter.
- (iii) Congenital elongation of cervix (which comes up to introitus).
- (iv) Arcuate uterus type of congenital uterine anomaly.
- (v) Minimal fluid in Pouch of Douglas.

(b) **Unfit.**

- (i) Candidates with fluid in Pouch of Douglas with internal echoes.
- (ii) **Uterus.** Absence of uterus or any congenital structural abnormality, except Arcuate uterus.
- (iii) **Fibroids.**
  - (aa) Multiple fibroids more than two in number, with larger one > 15 mm in size.
  - (ab) Single fibroid larger than 03 cm in size.

- (ac) Any fibroid causing distortion of endometrial cavity.
- (iv) Adenomyosis.
- (v) **Adnexa.**
  - (aa) Simple ovarian cyst 06 cm or more in size.
  - (ab) Complex ovarian cyst of any size.
  - (ac) Endometriosis.
  - (ad) Hydrosalpinx.
- (c) 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: -
  - (i) 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.
  - (ii) Endometrial thickness > 15 mm or residual echogenic shadows in endometrial cavity. Senior Adviser (Obs and Gynae) to opine on fitness.

**172. Medical Fitness after Laparoscopic Surgery or Laparotomy.** Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit, if the candidate 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.

**Appendix 'E'**

[Refers to para 9 (c)(ii)(aa)]

**SELF CERTIFICATION CERTIFICATE (ONE FOR EACH TATTOO) BY CANDIDATES FROM TRIBAL COMMUNITIES WITH PERMANENT BODY TATTOO(S)**

1. I, \_\_\_\_\_ (Name of Candidate). Son/Daughter of \_\_\_\_\_ (Name of Father/Mother/Guardian as applicable) \_\_\_\_\_ (Date of Birth) hereby give an undertaking that I belong to \_\_\_\_\_ Tribe from \_\_\_\_\_ area of \_\_\_\_\_ state and \* I do not have any permanent body tattoo on my body/\* I have \_\_\_\_\_ no of permanent body tattoo (s) inked on my body as follows (one for each tattoo) (\*strike out whichever is not applicable):-

<b><u>Photograph of Tattoo</u></b>	<b><u>Details of Tattoo</u></b>
(Post card size to be pasted here duly signed by the candidate with name. Please do not use staple pins/clips)	Size of Tattoo (in Cms)  Language (if Applicable)  Significance of Tattoo (if Applicable)

2. I am enclosing Certificate (s) as per Appendix B, in original, for permanent body tattoo(s) on my body, duly signed as per instructions.

3. I hereby declare that besides the tattoo(s) as referred in Para 1 of Appendix A above, I will not have any other permanent body tattoo(s) in future if I am selected to undergo pre-commissioning training.

4. The above information given by me is true and correct to the best of my knowledge and belief.

5. I understand and is aware that misrepresentation of any facts/concealment of any information regarding permanent body tattoo(s) will lead to cancellation of my candidature at any stage from commencement of the selection process for which I shall be solely responsible.

Place:

\_\_\_\_\_  
(Signature of the Candidate)  
Name, Entry & AFSB Batch No.

Date:

**Appendix 'F'**

[Refers to para 9 (c)(ii)(ab)]

**CERTIFICATE (ONE CERTIFICATE FOR EACH TATTOO) FOR PERMANENT BODY TATTOO IN  
RESPECT OF CANDIDATES FROM TRIBAL COMMUNITIES**

1. This is to certify that \_\_\_\_\_ (Name of Candidate) whose date of birth is \_\_\_\_\_ the son/daughter of \_\_\_\_\_ (Name of Father/Mother/Guardian as applicable) and belongs to \_\_\_\_\_ (Name of the Tribe) Community of \_\_\_\_\_ (Name of the District) in the state of \_\_\_\_\_ (Name of the State).

2. It is certified that the permanent body tattoo(s) inked on the following parts of the body of \_\_\_\_\_ (Name of the Candidate) is/are as per existing customs and traditions of \_\_\_\_\_ Tribe and is prevalent as on date:-

(a)

(b)

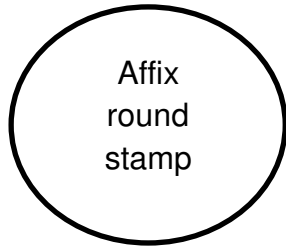
3. Post card size photograph of each of the tattoo as given in Paragraph 2 of Appendix B above is certified to be true and correct and annexed herewith for future reference/ record hereafter:-

<b><u>Photograph of Tattoo</u></b>	<b><u>Details of Tattoo</u></b>
(Post card size to be pasted here duly signed by the candidate and official issuing this certificate with respective names. Please do not use staple pins/clips)	<p>Size of Tattoo (in Cms)</p> <p>Language (if Applicable)</p> <p>Significance of Tattoo (if Applicable)</p>

Note- Separate photograph of each tattoo with details and description will be separately furnished and each page will be duly attested by the Authority.



Place:



(Signature with Name, Designation and Stamp of DC/DM of SDM of the District/Tehsil)OR

(Signature with Name, Designation if any and Address of Chairman/Secretary of Senior Member of the Tribe to which the candidate belongs to with their Stamp).

Date: