**MEDICAL EXAMINATION FOR COMMISSIONING AS OFFRS, MNS AND ENTRY AS CADETS**

**(INCLUDING AFMC CADETS) IN VARIOUS TRG ACADEMIES FOR OFFICERS.**

**Special Medical Boards (SMB)**

SMBs are conducted for candidates who are successful in their respective SSBs. These SMBs have been established under Govt Authority to ensure uniformity in Medical Examination of selected candidates for grant of commission into Armed Forces/enrollment into Pre Commission Training Academies. SMBs will be conducted at specified Hospitals nearest to SSB Centre or as specified from time to time. The period of validity for the Special Medical Boards will be 180 days after the date of completion of Med Bd proceedings.

SMB is ‘Service’ specific and not ‘Entry’ specific. A candidate declared ‘FIT for Army’ is fit for induction into any entry in any Pre-Commissioning Training Academy of Indian Army, except for the following variations:-

(i) SMB conducted for undergraduate entries (NDA, TES etc.) is not valid for

graduate/post graduate level entries (IMA/TGC entries etc).

(ii) Any SMB declaring a candidate ‘FIT for NDA (Army)’ implies ‘FIT for TES

(Army)’ also.

(iii) Candidates already declared ‘FIT for TES (Army)’ and also selected for

parallel NDA & Naval Academy course need not undergo SMB again, if NDA

(Army) is their only preference. However, such candidates have to undergo fresh SMB again, if NDA Navy or Naval Academy is in their preferences. Such

candidates if qualified on Computerized Pilot Selection System (CPSS) also need to undergo complete Air Force Medical Examination at the designated centre.

President of SMB informs unfit candidates, the reasons for his/her unfitness and intimate to him/her the name of the Hospital where he/she can appear for Appeal Medical Board (AMB), if he/she desires, by paying the requisite fee. In service

candidates are not required to pay any fees for appeal.

**Appeal Medical Board (AMB)**

AMBs are convened at one of the Comd Hosp/Base Hosp Delhi Cantt. The candidates will report for Medical Examination within the stipulated period i.e. 42 days from the date of SMB. Candidates will be subjected to a fresh Medical Examination only for the disability for which he/she has been declared unfit by the previous Medical Board. No Travelling Allowance is admissible to candidates reporting for AMB.

**Review Medical Board (RMB)**

When a candidate is declared unfit by AMB, the result is communicated to him/her by the President of AMB. The candidate can appeal against the findings of AMB within 1 day of the same being communicated. RMB will be granted at the discretion of DGAFMS, based on the merits of the case. RMB is not a matter of right. RMB is held at AH (R&R), Delhi Cantt and at AFMC, Pune. After approval by DGAFMS, the Medical Board proceedings are forwarded to the concerned authorities via the respective DGsMS. No Travelling Allowance is admissible to candidates reporting for RMB.

**ANTHROPOMETRIC STANDARDS**

Chest Circumference

Minimum chest circumference for cadets as well as recruits recommended is 77 cm. Chest expansion should be five cm or more for all categories of candidates.

Height Standards

Male cadets. The minimum height required for entry into the Armed Forces for male cadets is 157 cm or as decided by the respective recruiting agency. Gorkhas and candidates belonging to Hills of North Eastern region of India , Garhwal and Kumaon, will be accepted with a minimum height of 152 cm. An allowance for growth of 02 cm will be made for candidates below 18 yrs at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Other anthropometric standards like sitting height, leg length and thigh length are required by the Flying Branch.

Female Cadets. The minimum height required for entry into the Armed Forces for female cadets is 152 cm. Gorkhas and candidates belonging to Hills of North Eastern region of India, Garhwal and Kumaon will be accepted with a minimum height of 148 cm. An allowance for growth of 02 cm will be made for candidates below 18 yrs at the time of examination. The minimum height requirement for the Flying Branch is 163 cm. Flying Branch also requires other anthropometric standards like sitting height, leg length and thigh length.

Recruits. The minimum height for recruits is as specified by the concerned Recruiting Directorates.

Weight standards**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age (yrs)** | **Minimum weight for all ages** | **Age: 17 to****20 yrs** | **Age: 20+01****day- 30 yrs** | **Age: 30 + 01****day - 40 yrs** | **Age: Above 40 yrs** |
| **Height (cm)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** |
| 140 | 35.3 | 43.1 | 45.1 | 47.0 | 49.0 |
| 141 | 35.8 | 43.7 | 45.7 | 47.7 | 49.7 |
| 142 | 36.3 | 44.4 | 46.4 | 48.4 | 50.4 |
| 143 | 36.8 | 45.0 | 47.0 | 49.1 | 51.1 |
| 144 | 37.3 | 45.6 | 47.7 | 49.8 | 51.8 |
| 145 | 37.8 | 46.3 | 48.4 | 50.5 | 52.6 |
| 146 | 38.4 | 46.9 | 49.0 | 51.2 | 53.3 |
| 147 | 38.9 | 47.5 | 49.7 | 51.9 | 54.0 |
| 148 | 39.4 | 48.2 | 50.4 | 52.6 | 54.8 |
| 149 | 40.0 | 48.8 | 51.1 | 53.3 | 55.5 |
| 150 | 40.5 | 49.5 | 51.8 | 54.0 | 56.3 |
| 151 | 41.0 | 50.2 | 52.4 | 54.7 | 57.0 |
| 152 | 41.6 | 50.8 | 53.1 | 55.4 | 57.8 |
| 153 | 42.1 | 51.5 | 53.8 | 56.2 | 58.5 |
| 154 | 42.7 | 52.2 | 54.5 | 56.9 | 59.3 |
| 155 | 43.2 | 52.9 | 55.3 | 57.7 | 60.1 |
| 156 | 43.8 | 53.5 | 56.0 | 58.4 | 60.8 |
| 157 | 44.4 | 54.2 | 56.7 | 59.2 | 61.6 |
| 158 | 44.9 | 54.9 | 57.4 | 59.9 | 62.4 |
| 159 | 45.5 | 55.6 | 58.1 | 60.7 | 63.2 |
| 160 | 46.1 | 56.3 | 58.9 | 61.4 | 64.0 |
| 161 | 46.7 | 57.0 | 59.6 | 62.2 | 64.8 |
| 162 | 47.2 | 57.7 | 60.4 | 63.0 | 65.6 |
| 163 | 47.8 | 58.5 | 61.1 | 63.8 | 66.4 |
| 164 | 48.4 | 59.2 | 61.9 | 64.6 | 67.2 |

Weight for height charts given in this manual will be the standard for all categories of personnel. These charts have been based on the BMI. The charts specify the minimum acceptable weight that candidates of a particular height must have. Weights below the minimum specified will not be acceptable in any case

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age (yrs)** | **Minimum****weight for all ages** | **Age: 17 to****20 yrs** | **Age: 20+01****day- 30 yrs** | **Age: 30 + 01****day - 40 yrs** | **Age: Above 40 yrs** |
| **Height (cm)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** | **Weight (Kg)** |
| 165 | 49.0 | 59.9 | 62.6 | 65.3 | 68.1 |
| 166 | 49.6 | 60.6 | 63.4 | 66.1 | 68.9 |
| 167 | 50.2 | 61.4 | 64.1 | 66.9 | 69.7 |
| 168 | 50.8 | 62.1 | 64.9 | 67.7 | 70.6 |
| 169 | 51.4 | 62.8 | 65.7 | 68.5 | 71.4 |
| 170 | 52.0 | 63.6 | 66.5 | 69.4 | 72.3 |
| 171 | 52.6 | 64.3 | 67.3 | 70.2 | 73.1 |
| 172 | 53.3 | 65.1 | 68.0 | 71.0 | 74.0 |
| 173 | 53.9 | 65.8 | 68.8 | 71.8 | 74.8 |
| 174 | 54.5 | 66.6 | 69.6 | 72.7 | 75.7 |
| 175 | 55.1 | 67.4 | 70.4 | 73.5 | 76.6 |
| 176 | 55.8 | 68.1 | 71.2 | 74.3 | 77.4 |
| 177 | 56.4 | 68.9 | 72.1 | 75.2 | 78.3 |
| 178 | 57.0 | 69.7 | 72.9 | 76.0 | 79.2 |
| 179 | 57.7 | 70.5 | 73.7 | 76.9 | 80.1 |
| 180 | 58.3 | 71.3 | 74.5 | 77.8 | 81.0 |
| 181 | 59.0 | 72.1 | 75.4 | 78.6 | 81.9 |
| 182 | 59.6 | 72.9 | 76.2 | 79.5 | 82.8 |
| 183 | 60.3 | 73.7 | 77.0 | 80.4 | 83.7 |
| 184 | 60.9 | 74.5 | 77.9 | 81.3 | 84.6 |
| 185 | 61.6 | 75.3 | 78.7 | 82.1 | 85.6 |
| 186 | 62.3 | 76.1 | 79.6 | 83.0 | 86.5 |
| 187 | 62.9 | 76.9 | 80.4 | 83.9 | 87.4 |
| 188 | 63.6 | 77.8 | 81.3 | 84.8 | 88.4 |
| 189 | 64.3 | 78.6 | 82.2 | 85.7 | 89.3 |
| 190 | 65.0 | 79.4 | 83.0 | 86.6 | 90.3 |
| 191 | 65.7 | 80.3 | 83.9 | 87.6 | 91.2 |
| 192 | 66.4 | 81.1 | 84.8 | 88.5 | 92.2 |
| 193 | 67.0 | 81.9 | 85.7 | 89.4 | 93.1 |
| 194 | 67.7 | 82.8 | 86.6 | 90.3 | 94.1 |
| 195 | 68.4 | 83.7 | 87.5 | 91.3 | 95.1 |
| 196 | 69.1 | 84.5 | 88.4 | 92.2 | 96.0 |
| 197 | 69.9 | 85.4 | 89.3 | 93.1 | 97.0 |
| 198 | 70.6 | 86.2 | 90.2 | 94.1 | 98.0 |
| 199 | 71.3 | 87.1 | 91.1 | 95.0 | 99.0 |
| 200 | 72.0 | 88.0 | 92.0 | 96.0 | 100.0 |
| 201 | 72.7 | 88.9 | 92.9 | 97.0 | 101.0 |
| 202 | 73.4 | 89.8 | 93.8 | 97.9 | 102.0 |
| 203 | 74.2 | 90.7 | 94.8 | 98.9 | 103.0 |
| 204 | 74.9 | 91.6 | 95.7 | 99.9 | 104.0 |
| 205 | 75.6 | 92.5 | 96.7 | 100.9 | 105.1 |
| 206 | 76.4 | 93.4 | 97.6 | 101.8 | 106.1 |
| 207 | 77.1 | 94.3 | 98.6 | 102.8 | 107.1 |
| 208 | 77.9 | 95.2 | 99.5 | 103.8 | 108.2 |
| 209 | 78.6 | 96.1 | 100.5 | 104.8 | 109.2 |
| 210 | 79.4 | 97.0 | 101.4 | 105.8 | 110.3 |

**Methodology of General Examination**

The general examination shall be carried out in the following order of examination :-

* 1. **General Appearance.**
		1. Intelligence and education level: Vocabulary and command of language.
		2. Mental state: Depressed, elusive and addictions.
		3. Emotional state: Anxiety, restlessness, sweating palms.
		4. Body built and posture.
		5. Nutrition, underweight, Obesity, Oedema.
		6. Skin colour: Anemia, Jaundice, pigmentation.
		7. Body hair: Texture, distribution, alopecia, hirsutism.
		8. Temperature, pulse, respiration, Blood Pressure.
		9. Pallor, Cyanosis, Clubbing, Lymphadenopathy, Icterus.
		10. Nails: Healthy.
		11. Operation scar/evidence of any surgery.
	2. **Skin.**
		1. Pigmentation, Skin rashes, Urticaria, Scars, Keloids, Growths, mole/naevus.
		2. Fungal infections, Scabies.
		3. Acne.
		4. Warts, Corns, Haemangiomas, Naevus, Moles, Ulcers, Callosities.
		5. Angioedema, Urticaria, Lipomas, Cafe-au-lait spots, Neuro-fibromas.
		6. Alopecia.
		7. Leprosy, Vitiligo, Lichen Planus, Contact Dermatitis, Icthyosis.
		8. Bullous disease, Eczema, Psoriasis, Pityriasis versicolour.
		9. Fistula, Sinuses, Fissuring, Hyperhidrosis.
		10. Dryness, roughening, cracking, desquamation, elasticity.
	3. **Face.**
		1. Facies
		2. Jaw movements
		3. Facial symmetry, Palsies
		4. Rash, Acne
		5. Deformities of skull
		6. Deformities of nose, ears, teeth
	4. **Mouth and pharynx.**
		1. Breath odours.
		2. Tongue tie, protrusion & appearance, Leukoplakia.
		3. Teeth & gums.
		4. Movement of soft palate, state of tonsils.
		5. Any growths.
		6. Congenital anomalies like cleft palate, cleft lip, Bifid uvula.
		7. Lips: ulceration, cracks, fissures, angular stomatitis, any growth.
	5. **Neck.**
		1. Movements - pain & range.
		2. Veins distension & engorgement.
		3. Lymph nodes (size, consistency, matting, overlying skin, fixity/confluence).
		4. Thyroid swelling, Goitre.
		5. Trachea: central or pulled.
		6. Sinuses, fistulas, cysts, growths.
		7. Cervical ribs.
	6. **Ears.**
		1. Hearing.
		2. Intact tympanic membranes, discharge from ears.
		3. Deformity of pinna, growths.
		4. Meatal atresia.
		5. Any surgery.
		6. Peri auricular sinuses, skin tags.
	7. **Eyes.**
		1. Exophthalmos, endophthalmos.
		2. Ptosis, Trachoma, Cataract, Pterygium, Glaucoma.
		3. Lid oedema, mass, Warts, Xanthelasma.
		4. Conjunctivae: inflammation, Bitot spots, discolouration, ulcer.
		5. Pupils: size, irregularity, reaction to light.
		6. Eye movements: nystagmus, squint.
		7. Acuity of vision and colour perception.
		8. Cornea: healthy, scars, ulcers, evidence of kerato-refractive correction surgeries.
		9. Entropion, Ectropion.
		10. Surgeries of eye.
	8. **Nose.**
		1. Nasal septum perforation.
		2. DNS, Nasal polyps, Hypertrophic turbinate.
		3. Evidence of Allergic Rhinitis.
		4. Disease of nasal and para-nasal sinuses.
		5. Surgery, growth.
1. **Upper Limbs.**
	1. Finger Nails - Clubbing, koilonychia, fungal infection, thimble pitting, splinter haemorrhages, platynychia, separation from nail bed.
	2. Deformities of elbows, fingers & thumbs.
	3. Axillary lymph nodes, warts, corns, callosities, abnormal growth.
	4. Joint swelling, Cubitus varus/ valgus.
	5. Deformities of shoulder/elbow/wrist joints, abnormal/restricted movements.
	6. Complete/partial amputation of digits/ Polydactyly/ Syndactyly.
	7. Evidence of recurrent dislocation of shoulder.
	8. Neuro-vascular deficit.
	9. Muscles wasting, reflexes, coordination.
2. **Lower Limbs.**
	1. General appearance.
	2. Stance, gait, balance.
	3. Oedema, varicose veins, ulcers, warts, corns, callosities, growths.
	4. Muscle wasting, reflexes, coordination.
	5. Deformity of hip/knee/ankle joints, abnormal/restricted movements.
	6. Knock knee, bows legs, flat feet, hammer toes.
	7. Joint swelling, Genu varus/ valgus/recurvatum.
	8. Flat feet, deformities of arch of foot, club foot.
	9. Complete/ partial amputation of toes/ Polydactyly/ Syndactyly.
	10. Neurovascular deficit.
	11. Hammer toe/Hallux valgus/varus.
	12. DVT, Thrombophlebitis, AV malformations.
3. **Thorax.**
	1. **Anterior and lateral aspect:-**

(aa) Type of chest, symmetry.

(ab) Amazia, Polymazia, Polythelia, Gynecomastia, discharge from nipples, lump/abscess in the breast.

(ac) Pulsations – Apex, beat, thrills. (ad) Dilated vessels.

(ae) Respiratory movements.

(af) Heart sounds, heart rate, adventitious sounds. (ag) Breath sounds, adventitious sounds.

* 1. **Posterior aspect.**

(aa) Deformities of rib cage, scapula, shoulder, spine. (ab) Respiratory movements.

(ac) Breath sounds.

(ad) Congenital abnormalities.

(ae) Lipoma, Hypertrichiosis, dimpling of skin, Haemangioma, pigmented naevus, sinuses, tuft of hair over spine.

(af) Kyphosis, Scoliosis.

1. **Abdomen.**
	1. Size, distension, symmetry.
	2. Movements of abdominal wall, scars, dilated vessels.
	3. Visible peristalsis.
	4. Hernia, impulse on coughing.
	5. Tenderness, abdominal lumps/fluid, liver, gallbladder, kidneys.
	6. Inguinal lymph nodes.
2. **Genitalia and Perineum.**
	1. Penis, scrotum, spermatic cord, epididymus, meatus (location), urethra.
	2. Hydrocele, varicocele, undescended testis, atrophic testis.
	3. Haemorrhoids, prolapse of rectum/uterus, skin tags.
	4. Fistulae, pilonidal sinus, condyloma, fissures, sinuses, excoriation of skin.
	5. External genitals in females.

In case of re-enrolment, great care must be taken to ascertain from the candidate’s past history whether he/she has ever been rejected for medical reasons/examination.

**General ground for rejections.** Candidates presenting with any abnormality will be rejected. Some of the conditions, commonly found are as follows and candidates with these conditions will be rejected:-

* 1. Generally impaired constitution.
	2. Mental or nervous instability.
	3. Defective intelligence.
	4. Stammering.
	5. Any degree of squint.
	6. Low standard of vision.
	7. Otitis Media.
	8. Deafness.
1. Loss/decay of teeth to such an extent as to interfere materially with efficient mastication.
2. Chronic skin diseases including leprosy.
3. Hyperhydrosis.
4. Epilepsy.
5. Plantar warts.
6. Valvular or other disease of the heart.
7. Bronchial or laryngeal diseases.
8. Evidence of Tuberculosis, Syphilis or other veneral disease, HIV infection.
9. Permanent deformity of chest and deformity of joints, Knock Knee, Cubitus Valgus.
10. Deformity of feet and bow legs.
11. Abnormal curvature of spine.
12. Hydrocele.
13. Hernia.
14. Fistula/sinus.
15. Pilonidal Sinus.
16. Anemia (Hb less than 13 g/dl for males and less than 12 g/dl for females).
17. Any hyperbilirubinemia.

(ab) Any abnormal blood/urine investigation or any other investigation that is abnormal.

Despite careful examination, some candidates are still detected to have disabilities for which they are invalided out. Common causes of invalidment are defective colour vision, CSOM, tachycardia, tremors, Hypertension, Cardiac murmur, Cubitus valgus, Knock knee, Pes cavus, CVS (cardiac murmurs), Flat feet, Hammer toes, spinal deformities etc. Hence, a careful search for these disabilities is to be made.

**Standards for Weight.** Weight for height charts given in this manual will be the standard for all categories of personnel. These charts have been based on BMI. The charts specify the minimum acceptable weight that candidates of a particular height must have. Weights below the minimum specified will not be acceptable in any case. Weights higher than the acceptable limit will be acceptable only in exceptional circumstances in case of candidates with documented evidence of body building, wrestling, and boxing. In such cases, the following criteria will have to be met:-

* 1. Body Mass Index should not be more than 25.
	2. Waist Circumference should be less than 90 cm for males and 80 cm for females.

**Standards for general physical examination.**

* 1. Candidates with Blood Pressure consistently greater than 140/90 mm Hg will be rejected.
	2. Rate, rhythm, volume, regularity of pulse and condition of arterial wall are assessed. Persistent tachycardia measured twice after a rest period of five minutes (more than 100 bpm) as well as persistent bradycardia (less than 60 bpm) are grounds for rejection.
	3. Presence of pallor, cyanosis, icterus are a cause of rejection.
	4. Abnormalities of nails in form of platynychia/koilonychia, fungal infections and clubbing are unacceptable. Thimble pitting/separation of nails from nail bed and splinter haemorrhages under nails suggest systemic illness and are grounds for rejection.
	5. Lymph nodes more than one cm in size (more than 1.5 cm for inguinal group) involving more than two groups and fixed/ confluent nodes are abnormal and are grounds for rejection.
	6. Localized, congenital mole/ naevus is acceptable provided size is less than one cm.
	7. Presence of more than one CALM (Café-au-lait macules) or any other associated neuro-cutaneous syndromes is ground for rejection.
	8. More than one Neurofibromas are not acceptable.
1. Xanthomata is associated with hyperlipidemia and their presence should be a cause of rejection.
2. Xanthelasma are flat lipid deposits around the eyes having the same metabolic correlation as Xanthoma (i.e. hyperlipidemia) and are a cause for rejection.
3. Lipomas causing significant disfigurement/functional impairment due to its size/ location are a cause for rejection.
4. Plantar warts are grounds for rejection.
5. Any enlargement/ nodularity of thyroid gland or lack of movement with swallowing of thyroid should be a cause of rejection.
6. Presence of any growth, ulceration, cracks/fissures in the corner of mouth (angular stomatitis) are abnormal and not acceptable.
7. Tongue tie, leukoplakia (raised whitish opalescent patches over/under tongue or buccal mucosa) are abnormal and should be a cause of rejection.
8. Candidates with any of the following diseases like chronic skin disease, psoriasis, lichen planus, recurrent infections, vitiligo, bullous diseases, eczema, chronic lymphoedema, contact dermatitis, hyperhidrosis, ichthyosis, palmoplantar keratoderma, oncomycosis, recurrent urticaria, angioedema, dermographism, keloids, any congenital or hereditary disease, leprosy or any STD/HIV, varicose veins, hyperpigmented patches, petechiae, ecchymosis etc will be a cause for rejection.
9. Skin infections such as Tinea cruris, Tinea corporis, Intertrigo, Impetigo, Folliculitis, Furunculosis, Scabies, Sycosis barbae, warts, Molluscum contagiosum, Herpes, Giant Congenital Melanocytic naevi or any other naevi more than ten cm in size will be a cause for rejection.
10. Acne on the trunk or of grade II, III and IV (abscess, cysts, hypertrophic scars etc), the candidate should be rejected as UNFIT. Rosacea will also be considered UNFIT.
11. Presence of haemangiomas, naevus, moles etc will be rejected if they are multiple and large (more than one cm in size).
12. Hirsutism and abnormal growth of hair will be rejected.
13. Alopecia is a cause of rejection.
14. Any other skin disease or abnormality should be a cause of rejection.
15. Any residual defect in the skull is to be rejected.
16. Loose or unduly elastic skin is not acceptable.
17. Any evidence of endocrine disorder constitutes grounds for rejection.

(aa) Any disorder of Cardiovascular System including abnormal heart sounds, visible apex beat, bruits, thrills, engorged blood vessels etc, is a cause of rejection.

(ab) Any disorder of Respiratory System including abnormal breath sounds, presence of adventitious sounds, abnormalities of trachea etc are a cause of rejection.

(ac) Any disorder of Gastrointestinal System including asymmetrical abdominal wall, visible pulsation/engorged blood vessels, operation scars, caput medusa, spider naevi, palpable liver/spleen/lump, tenderness, bruits, hernia etc, are a cause of rejection.

(ad) Any disorder of Genitourinary System including undescended or atrophic testis, abnormalities of testis, abnormalities of scrotum, Hydrocoele, Hernia, Varicocoele, Epidydimitis etc, are a cause of rejection.

(ae) Any disorder of Central Nervous System including history of migraine, phobias, convulsions, head injury, nightmares, sleep disturbance, seizures, sleep walking, loss of consciousness, syncope, psychiatric disorders, tremors, taking psychiatric drugs, history of alcoholism and drug abuse etc, are a cause of rejection. Presence of neurocutaneous markers like hypo/hyper pigmented spots on the skin, subcutaneous nodules, facial haemangiomas, dimple or tuft of hair over spine etc, is a cause of rejection. Any disorder of motor or sensory nervous system, is a cause of rejection. Tremors of hands, tongue and eyelids are unfit. Abnormal gait, speech, intellect, lack of co-ordination etc is unfit. Deficit in hand grip will be unfit.

(af) History of tiredness, easy fatigability, lassitude, general weakness, haemorrhages, epistaxis, bleeding from gums, haemoptysis, haematemisis, malena, menorrhagia etc, is a cause of rejection.

(ag) Any other abnormality noted will be a cause of rejection.

**Standards for hearing**. Any free field hearing standards less than 610 cm in Conversational Voice or Forced Whisper for each ear separately is not acceptable.

**Standards for Appendages (Limbs).**

**Lower Limbs.**

* + 1. **Hallux Valgus.** Hallux valgus with angle more than twenty degrees and first- second inter metatarsal angle of more than ten degrees is unfit. Hallux Valgus of any degree with bunion, corns or callosities is unfit.
		2. **Hammer toe.** Hammer toe will be considered unfit when associated with painful corns or bursa on dorsum of toes and individual walks on tip of affected toe.
		3. **Pes Planus (Flat foot).** Rigid or fixed flat feet, gross flat feet with plano valgus, eversion of heel, candidate cannot balance himself on toes, cannot skip on forefoot, tender painful tarsal joints, prominent head of talus is unfit.
		4. **Genu Varum.** Genu Varum with inter-condylar distance between medical condyles of the femurs more than seven cm is unfit.
		5. **Genu Valgum.** Genu Valgum with inter-malleolar distance more than five cm in male and more than eight cm in female is unfit.
		6. **Genu Recurvatum.** Hyperextension of knee more than ten degrees is unfit.
		7. **Loss of toes.** Loss of any toe or part of toe is unfit.
		8. **Amputation.** Any degree of amputation of any part of the limb is unfit.
		9. **Talipo Equinus Varus (Club foot).** Any degree of club foot is unfit.
		10. **Disease or deformity of any joint of the limb including pelvis.** Any disease or disability of any joint of the limb is unfit. Any ligamentous laxity or instability of a joint is unfit. ACL reconstruction surgery and any other surgery (including arthroscopic surgery) of the joint or limb is unfit. Dislocation of any joint is unfit.
		11. Any other disease or deformity of the limbs including DVT, thrombophlebitis, varicose veins, syndactyly, polydactyly, ulcers etc is unfit.

**Upper Limbs.**

* + 1. **Cubitus Valgus.** Carrying angle more than fifteen degrees in male and more than eighteen degrees in female is unfit.
		2. **Cubitus Varus.** Varus of more than five degree is unfit.
		3. **Cervical rib.** Cervical rib is unfit.
		4. **Loss of toes.** Loss of any toe or part of toe is unfit.
		5. **Amputation.** Any degree of amputation of any part of the limb is unfit.
		6. **Disease or deformity of any joint of the limb including shoulder.** Any disease or disability of any joint of the limb is unfit. Any ligamentous laxity or instability of a joint is unfit. ACL reconstruction surgery and any other surgery (including arthroscopic surgery) of the joint or limb is unfit. Dislocation of any joint is unfit.
		7. Any other disease or deformity of the limb, syndactyly, polydactyly, ulcers is unfit.

**Healed Fractures.**

* + 1. Fractures of upper limbs not involving articular surfaces and without neuro/vascular deficit which have united without malunion and impairment of function will be considered for fitness after six months of injury provided there is no residual functional defect and there is no deformity. A candidate will however be declared unfit by MO.
		2. Fractures of lower limbs not involving articular surfaces and without neuro/vascular deficit which have united with no malunion or loss of function will be considered for fitness after six months of injury provided there is no residual functional defect and there is no deformity. A candidate will however be declared unfit by the MO.
		3. Any limb length discrepancy is not acceptable.
		4. Malunited fractures of clavicle without loss of function and without gross deformity are acceptable.
		5. Healed fractures with metallic implants is unfit
		6. Healed fractures with cosmetic deformity is unfit.
		7. Fractures involving articular surfaces is unfit.
		8. Malunited or non united fractures are unfit.
		9. All active fractures are unfit.

**Standards for spine.** Cobb’s angle more than ten degree for scoliosis is not acceptable. Any other abnormality of spine like kyphosis, spina bifida, tuft of hair on spine, dimpling of skin, haemangioma, pigmented naevus, dermal sinus, lipoma over spine, stigmata of spinal dysraphismetc is not acceptable.

**Standards for surgery.** A candidate will be considered for fitness only after the minimum laid down period after surgery for the disease/disability is over and there is no complication or residual defect. All open surgeries will be considered for fitness after one year of the surgery. Laparoscopic surgeries will be considered for fitness after twelve weeks. For any other surgery, where time period after surgery is not mentioned in this manual, a minimum of twelve weeks should have elapsed after the surgery, before consideration for fitness.

Other considerations for surgical conditions are as follows:-

**Deformities of head and neck.** Any deformity of the skull/face or mandible, any loss or absence of bony substance of skull, thyroglossal cyst, congenital cyst of branchial origin, cleft palate, cleft lip, any other lump/sinus/scar etc is unfit.

**Chest and breast.** Deformities of chest/rib cage, rib hump/prominence of rib cage, amazia, polymazia, polythelia, gynaecomastia, presence of lumps in the breast, discharge from nipples, any other deformity of nipples/breast, visible pulsations etc is unfit.

**Abdomen.** Any organomegaly, deformity of abdominal wall, visible pulsations etc is unfit.

* 1. **Diseases of anorectal conditions.** Conditions like anal fissure, anal fistula, haemmorhoids, rectal polyps, pilonidal sinus, warts, skin tags, rectal prolapse, any sinus, stricture, faecal incontinence etc is unfit.
		1. **Hernia.** After one year of open mesh hernioplasty or twelve weeks after laparoscopic repair provided there is no recurrence or post-operative complication and general tone of abdominal muscles is good. Operation scar should be healthy.
		2. **Diseases of Genito-urinary system.** History of enuresis, incontinence, haematuria, nephritis, urinary tract infections, Sexually transmitted diseases, urethral discharge, renal transplant etc is unfit. Conditions like Hydrocoele, Varicocoele, hernias, Spermatocoele, epididymitis, epididymal mass, ambiguous genitalia, ectopic testis, defects of testis, epispadias, hypospadias, phimosis, meatal stenosis, torsion of testis, penile amputation, any other deformities etc is unfit.

**Disorders of ENT.** History of Otorrhoea, hearing loss, vertigo, motion sickness, allergic rhinitis, nasal polyps, DNS, sinusitis, ozoena, epistaxis, dysphonea, dyspnoea, dysphagia, any surgery etc is unfit. Conditions like leukoplakia, submucous fibrosis, erythroplakia, ulcerative or exophytic lesions of oral cavity, enlarged tonsils, stridor, stammering, deformities of pinna, otitis externa, otitis media, exostosis, vocal cord palsy, Tympanosclerosis of tympanic membranes, osteosclerosis, deformities of mastoid etc is unfit.

**Disorders of Eyes.** Conditions like corneal ulcer, corneal opacities, lenticular opacities, proptosis, trichiasis, any other disease of eye lashes/eye lids/cornea/conjunctiva etc is unfit.

**METHOD OF GENERAL SURGICAL EXAMINATION.**

**Fitness after Surgery**. A candidate will be considered for fitness only after the minimum laid down period post surgery for the disease/disability is over and there is no complication or residual defect. All open surgeries will be considered for fitness after one year of the surgery. Laparoscopic surgeries will be considered for fitness after twelve weeks. For any other surgery, where time period post surgery is not mentioned in this manual, a minimum of 12 weeks should have elapsed after the surgery before consideration for fitness.

**ABDOMEN.**

**Gastrointestinal Tract.** Operated laparotomy scars, ostomies, swellings over abdomen, lump/s and sinus will be made unfit by the Recruiting Medical Officer. Specialist Officer after clinical examination, necessary investigations and scrutiny of relevant documents will make only those candidates fit who have right iliac fossa scar or port site scars for appendicectomy for benign pathology. All open abdominal surgeries will be considered for **fitness after one year** of the surgery. For laparoscopic appendicectomy, twelve weeks should have elapsed after surgery to consider fit. For any other surgery, a minimum of 12 weeks should have elapsed after the surgery.

**Anorectal Conditions.**

**UNFIT**. Those with anal fissure, anal fistula, haemorrhoids, (internal or external), anal or rectal polyp, stricture, or faecal incontinence. Rectal prolapse even after operative correction remains unfit.

**FIT**. Those with just external skin tags, after rectal surgery for polyps, haemorrhoids, fissure, fistula or ulcer provided there is no residual/recurrent disease.

**Anterior Abdominal Wall Hernia including Inguinal Hernia and excluding Incisional Hernia.**

**UNFIT**. Any abdominal wall hernia.

**FIT**. After one year of any hernia repair surgery (open as well as laproscopic) provided there is no recurrence or post-operative complication.

**Incisional Hernia.**

 **UNFIT**. All current or operated cases of Incisional hernia.

**Gall Bladder.**

**UNFIT.**

(aa) Cholecystitis.

(ab) Cholelithiasis or biliary sludge.

(ac) Choledocolithiasis.

(ad) Polyp of any size and number.

` (ae) Choledochal cyst.

 (af) Gall bladder mass.

(ag) Gall bladder wall thickness more than five mm.

(ah) Septate gall bladder.

(aj) Persistently contracted gall bladder on repeat USG. (ak) Incomplete cholecystectomy.

**FIT.**

(aa) Normal echoanatomy of the gall bladder. (ab)

**Post Laproscopic Cholecystectomy.**

* + - * Twelve weeks after lap cholecystectomy.
			* Total absence of gall bladder.
			* No intra abdominal collection.
			* Wound healed well without incisional hernia.

**Open Cholecystectomy**

(aa) One year after surgery.

(ab) Healthy scar with no incisinal hernia.

(ac) Total absence of gall bladder.

(ad) No intra abdominal collection.

**Spleen.** History of splenectomy due to any cause is unfit.

1. **UROGENITAL SYSTEM.**
	1. **History**. Detailed history of urinary disorders, enuresis, renal pain, haematuria, nephritis, cystitis, Sexually Transmitted Diseases (STD) and urethral discharge should be elicited.
	2. **Examination.** The external genitalia will be meticulously examined to rule out the presence of congenital anomalies such as:-
		1. Hypospadias.
		2. Epispadias.
		3. Ambiguous genitalia and undescended or ectopic testis.
	3. In addition, look for other conditions such as:-
		1. Hydrocele.
		2. Varicocele. Grades of Varicocele are as given below:-

Grade I - Palpable only with Valsalva maneuver

Grade II - Palpable without Valsalva maneuver

Grade III - Visible through the scrotal skin

* + 1. Epididymal cyst/mass
		2. Infection of the urethra and / or testes / epididymis
		3. Phimosis
		4. Stricture urethra
		5. Meatal stenosis

**Standards**. Renal Calculi / Urolithiasis:-

**UNFIT**. Current history of urolithiasis, recurrent calculus, bilateral renal calculi, nephrocalcinosis. Even after surgery or any procedure to treat urolithiasis, the candidate remains unfit.

* 1. **Undescended Testis (UDT) and loss of Testis.**
		1. **UNFIT**. Any abnormal position of testis unilateral or bilateral. Bilateral orchidectomy due to any cause such as trauma, torsion/infection.
		2. **FIT**. Operatively corrected UDT may be considered fit after it is normal in location and wound has healed well. Unilateral atrophic testis, unilateral orchidectomy for benign cause may be considered fit, provided other testis is normal in size, fixation and location.
	2. **Varicocele.**
		1. **UNFIT.** All grades.
		2. **FIT.** Post-operative cases with no residual varicocele and no post op complication or testicular atrophy.
	3. **Hydrocele.**
		1. **UNFIT.** Current hydrocele on any side.
		2. **FIT**. Operated cases if there are no post op complications and wound has healed well.
	4. **Epididymal Cyst / Mass, Spermatocele.**
		1. **UNFIT.** Current presence of cyst / mass.
		2. **FIT.** Post operative cases after surgery in absence of recurrence and only when benign on histopathology report.
1. **Epididymitis / Orchitis.**
	1. **UNFIT.** Presence of current orchitis or epididymitis / tuberculosis.
	2. **FIT.** After treatment provided the condition has resolved completely.
2. **Epispadias / Hypospadias.**
	1. **UNFIT.** Except glanular variety of hypospadias and epispadias which is acceptable.
	2. **FIT.** Post operative cases after successful surgery provided recovery is complete and there are no complications.
3. **Penile amputation.** Any amputation will make the candidate UNFIT.
4. **Phimosis**
	1. **UNFIT.** Current phimosis, if tight enough to interfere with local hygiene and voiding and/or associated with Balanitis Xerotica Obliterans.
	2. **FIT.** Operated cases provided wound is fully healed and no post op complications are seen.
5. **Meatal Stenosis.**
	1. **UNFIT.** Current disease, if small enough to interfere with voiding.
	2. **FIT.** Mild disease not interfering with voiding and provided post-operative wound is fully healed and no post op complications are present.
6. **Stricture Urethra, Urethral Fistula.**

**UNFIT**. History of / current disease or after surgery.

1. **Renal Cyst**:-
	1. **UNFIT**. Complex cyst/ polycystic disease/ multiple/bilateral cysts.
	2. **FIT.**

(aa) Solitary, unilateral, simple renal cyst less than 1.5 cm may be considered fit.

(ab) Cyst should be peripherally located, round/oval with thin, smooth wall and no loculations, with posterior enhancement, no debris, no septa and no solid component.

1. **Sex reassignment surgery/Intersex conditions**. **UNFIT**
2. **Congeital defects**. Solitary kidney/horse shoe kidney/hydronephrosis/ectopic/ mal-rotated kidney. **UNFIT.**
3. **Renal Transplant recipients**. **UNFIT.**
4. **Nephrectomy (Simple/Radical/Donor)/Partial nephrectomy/RFA/ Cryoablation**. **UNFIT.**
5. **Mass lesion in Genitourinary system.** Any palpable mass lump or that detected on investigation is unfit.
6. **VASCULAR SYSTEM.**
	1. **Varicose Veins.**

**UNFIT**. Elongated, dilated, tortuous veins of the lower limbs including cases operated for varicose veins.

* 1. **Arterial System.**

**UNFIT**. Current or history of abnormalities of the arteries and blood vessels such as aneurysms, arteritis and peripheral arterial disease.

* 1. **Lymphoedema–Primary or Secondary. UNFIT** if history of past/current disease.
1. **HEAD, NECK AND CHEST.**
	1. **Deformities of Skull and Face.**

**UNFIT**. Cranio-facial anomalies or anomalies which prevent the individual from wearing a protective mask or military head gear or are likely to interfere in training or discharge of military duties. Unfit even after correction surgery for the above has been done

* 1. **Head Injury.**

**UNFIT**. Any history of head injury requiring surgical intervention or with residual medical/surgical deficit or having effects of Head injury.

* 1. **CNS shunts**

**UNFIT**. Past history or current presence of a shunt.

* 1. **Cleft Lip and Palate.**
		1. **UNFIT**. Cleft lip in presence of current defects. Cleft palate will be unfit even after corrective surgery.
		2. **FIT**. Cleft lip after surgical correction without any post-operative complications, gross cosmetic deformity or functional problems and absence of other congenital anomalies of middle ear, speech and orthodontic problems.
	2. **Congenital Cyst of Branchial Cleft Origin, Thyroglossal Cyst with or without Fistulous Tracts.**
		1. **UNFIT**. Current untreated disease.
		2. **FIT**. After surgery, provided there are no post-operative complications, residual/recurrent disease and wound has healed well.
	3. **Chest wall deformities.**
		1. **UNFIT**. Any chest wall deformities like Pectus excavatum, Pectus carinatum, that are likely to interfere with physical exertion during training and performance of military duties or adversely affect military bearing or are associated with any musculoskeletal, pulmonary or cardiac anomaly.
		2. **FIT**. In absence of above.
	4. **Any Resection of Lung Parenchyma**. UNFIT.
	5. **Cardiac Surgery/ Intervention.** UNFIT.
1. **Amazia, Polymazia and Polythelia (Accessory Nipple)**. UNFIT.
2. **Lump Breast (In female candidates).**
	1. **UNFIT**. Current lump and associated with galactorrhoea (USG breast may be carried out to confirm its presence, if required).
	2. **FIT**. After surgery with no recurrence/residual lump breast and histopathology report confirmatory of benign disease
3. **Gynaecomastia.** UNFIT.
4. **SKIN/SUBCUATEOUS TISSUE.**
	1. **Lipoma.**

**FIT**. Unless causing significant disfigurement/functional impairment due to its size/location.

* 1. **Neurofibromas**
		1. **FIT**. Single
		2. **UNFIT**. Multiple neurofibromas associated with significant Café-au-lait spots (more than 1.5 cm size or more than one in number).
1. **MUSCULOSKELETAL SYSTEM.**
2. **Standards for Musculoskeletal System.** Standards for Musculoskeletal System will be followed as under:-
3. **Lower Limbs.**
	1. **Hallux valgus.** Hallux valgus with angle more than 20 degrees and first- second inter-metatarsal angle of more than 10 degrees is unfit. Hallux valgus of any degree with bunion, corns or callosities is unfit.
	2. **Hammer toe.** Hammer toe will be considered unfit when associated with painful corns or bursa on dorsum of toes and individual walks on tip of the affected toe.
	3. **Pes planus (Flat Foot).**

(aa) Rigid or fixed flat feet, gross flat feet with plano valgus, eversion of heel cannot balance on toes, cannot skip on the forefoot, tender painful tarsal joints and prominent head of talus will be considered unfit.

(ab) If the arches of the feet reappear on standing on toes and if the feet are supple, mobile and painless, the candidate may be considered fit.

* 1. **Genu varum.** Genu varum with inter-condylar distance more than seven cm will be considered unfit.
	2. **Genu valgum.** Genu valgum with intermalleolar distance more than five cm in males and more than eight cm in females will be unfit.
	3. **Genu Recurvatum.** Hyperextension of knee more than ten degrees is unfit.
	4. **Loss of toes.** Loss of one or both great toes will be considered unfit.
	5. **Talipo Equinus Varus (Club Foot).** Unfit.
	6. **Knee Joint.** Any ligamentous laxity is unfit. ACL reconstruction surgery is to be considered unfit. Any arthrocopic surgery or open surgery is unfit.
	7. **Ankle & Hip Joint.** Any true lesion of ankle or hip or early signs of arthritis will be considered unfit. Any arthrocopic surgery or an open surgery is unfit.
	8. **Amputation of Limb.** Amputation of any part of lower limb including toes will be considered unfit irrespective of degree of amputation.
1. **Upper Limb.**
	1. **Loss of finger.** Loss of any finger or fingers or parts there of (except terminal phalanx of little finger), part of hands and other deformities of upper limb or their parts will be unfit.
	2. **Cubitus valgus.** Carrying angle more than fifteen degrees in male and more than eighteen degrees in female will be unfit.
	3. **Cubitus varus.** Varus of more than five degree will be unfit.
	4. **Recurrent dislocation of shoulder.** Any history of dislocation of shoulder with or without history of corrective surgery will be unfit.
2. **Healed Fractures.**
	1. Fractures of upper limbs not involving articular surfaces and without neuro/ vascular deficit which have united without malunion and impairment of function are acceptable after six months of injury after assessment by orthopedic surgeon.
	2. Similarly, fractures of lower limbs not involving articular surfaces and without neuro/vascular deficit which have united with no malunion or loss of function are acceptable after twelve months of injury and after assessment by Orthopedic Surgeon.
	3. Any limb length discrepancy is not acceptable.
	4. Malunited fractures of clavicle without loss of function and without gross deformity are acceptable.
	5. Healed fractures with metallic implants will be unfit.
	6. Healed fractures with significant cosmetic deformity will be unfit.
3. **Cervical Rib.** Unfit when associated with vascular obstruction and/or neurological involvement by clinical examination and relevant investigations
4. **Any Joint**. Any joint laxity, unstable joint, ligamentous injuries, any surgery of the joint for any disease/disability, malformation/deformity, cysts, arthritis etc are unfit.
5. **Spine.**
	1. MO will make the candidate unfit if he has restriction of movements of spine, deformity, tnderness and gait abnormality.
	2. Specialist will examine the spine and make candidate unfit for kyphosis if the deformity is gross affecting the military bearing, restriction of full range of spinal movements and restriction of expansion of chest.
	3. Scoliosis is unfit if deformity persists on full flexion of spine with restriction of range of movements or due to organic defect causing structural deformity.
	4. Investigations showing following conditions will be considered unfit:-

(aa) Wedge Vertebra.

(ab) Hemivertebra.

(ac) Anterior Central Defect.

* 1. Spondylolysis & Spondylolisthesis.
	2. Atlanto-axial/atlanto-occipital anomalies.
	3. Scheuermann’s disease.
	4. Vertebral compression fracture.
	5. Infective Spondylitis.
	6. Intervertebral Disc Prolapse
	7. Lumbo-sacral transitional vertebra is unfit if Castellvi Type II, IIIa, IV.
	8. Block vertebra is unfit.
	9. Cervical canal stenosis is not acceptable. Anterio-posterior diameter less than 11 mm is suggestive of spinal stenosis. Pavlov ratio of 0.8 is abnormal
	10. Lumbar canal stenosis is unfit (anything less than eleven mm for the antero- posterior diameter and sixteen mm for the transverse diameter). Further relevant investigations to be done in borderline cases for accurate measurement.
	11. Schmorl’s node only at single level is fit.
1. **EAR NOSE AND THROAT.**
	1. **Ear.** All candidates will be instructed to get ear wax removed under their own arrangements before reporting for medical examination. However, if wax is present on examination which is impeding adequate visualization of external auditory meatus/ tympanic membrane, the candidate will be given time to get the wax removed and will be re-examined. In case, it is not possible to re-examine the candidate, he/she should be referred to an ENT centre convenient to the candidate for re-examination without declaring him/her unfit. The candidate will be specifically instructed to get the wax removed before reporting for this re-examination

**Grounds of Rejection/ Acceptable standards.** Candidates who suffer from any of the defects mentioned below will be declared unfit. However, any other condition in the ear, nose, throat and neck which is likely to hamper the individual in carrying out his military training/duties or adversely affects his military bearing will also be a cause for rejection.

**Ear.** The following defects of the ear will be declared Unfit:-

* 1. Gross deformity of pinna which hampers wearing of uniform/personal kit/protective equipment or which adversely impacts military bearing.
	2. Exostosis, atresia/ narrowing of EAM or neoplasm preventing a proper examination of the ear drum.
	3. Chronic Otitis Externa
	4. **Otitis Media.**

(aa) Current Otitis Media of any type will entail rejection.

(ab) Evidence of healed Chronic Otitis Media in the form of Tympanosclerosis or scarring affecting less than 50% of the Pars Tensa of tympanic membrane (TM) will be assessed by ENT Spl and will be acceptable if PTA and Tympanometry are normal.

(ac) Healed healthy scars of the neo-tympanic membrane involving less than 50% of pars tensa due to Tympanoplasty-type 1 (with or without Cortical Mastoidectomy) for Chronic Otitis Media (Mucosal type) and Myringotomy (for Otitis Media with Effusion) may be accepted if PTA, Tympanometry are normal. Assessment of operated cases will be done only after a minimum of 12 weeks.

(ad) There should be no residual perforation.

(ae) Tympanic membrane is mobile on pneumatic otoscopy.

(af) There should be no hearing impairment on Forced Whisper Test.

(ag) Pure Tone Audiometric thresholds are within normal limits.

(ah) Tympanometry shows Type ‘A’ Tympanogram.

(aj) Other middle ear surgery (including ossiculoplasty, stapedectomy or any type of canal – wall down mastoidectomy) is not acceptable.

(ak) Any implanted hearing devices such as cochlear implants, bone anchored hearing aids etc, are not acceptable.

* 1. **Deafness due to any cause.** Any reduction less than 600 cm in CV/FW is not acceptable. Wherever PTA is indicated and thresholds are obtained, the hearing thresholds by air conduction at 500 Hz to 8000 Hz should be 20 dB or better. Isolated lower thresholds up to 30 dB may be accepted provided the ear is otherwise normal.
	2. **Peripheral vestibular dysfunction.** History of motion sickness or any evidence or peripheral vestibular dysfunction due to any cause will entail rejection.

**Nose and Paranasal Sinuses**. The following defects of nose and para nasal sinuses will be declared unfit:-

* 1. Gross external deformity of nose causing cosmetic deformity may be rejected if it adversely impacts military bearing. Minor deformities of dorsum and nasal tip should not be a cause for rejection.
	2. Obstruction to free breathing as a result of a marked septal deviation is a cause for rejection. Correction by septoplasty is acceptable if reviewed four weeks after surgery and provided there is an adequate airway. Post op intranasal adhesions not compromising airway is acceptable. Nasal polyposis noted during examination or after any surgery for polyposis is unfit.
	3. Asymptomatic anterior (cartilaginous) septal perforation may be accepted by ENT Spl provided chronic granulomatous diseases have been ruled out and nasal mucosa is healthy.
	4. Atrophic rhinitis entails rejection.
	5. **Allergic Rhinitis/ Vasomotor rhinitis.** The potential hazards of allergic rhinitis include airway compromise; discomfort and distraction; reduced sense of smell; ear and sinus barotraumas with potential incapacitation and possible use of easily accessible, unauthorized over the counter medication. Symptomatic allergies with sneezing could be a particular hazard in high speed and low level flight. Barotraumas as well as infectious complications can lead to prolonged periods of acitivity restriction, reducing readiness and operational effectiveness. Allergic rhinitis often occurs seasonally in direct response to elevated pollens but it can also occur perennially. Therefore, it is not acceptable and history/ clinical features of allergic rhinitis entail rejection. Vasomotor rhinitis is not acceptable for the same reasons.
	6. Any infection of nose/paranasal sinuses will be a cause for rejection. Such cases may be accepted following successful treatment, if there is no evidence of chronic rhino-sinusitis.
	7. Current nasal polyposis is a cause for rejection. However, such candidates may be accepted after Endoscopic Sinus Surgery provided there is no residual disease, mucosa is healthy and histopathology is benign and non fungal. Such evaluation will be done minimum four weeks post-surgery.

**Throat .** The following defects of throat are causes for rejection:-

* 1. **Oral Cavity.**

(aa) **UNFIT.** All current and operated cases of leukoplakia, erythroplakia, submucus fibrosis, ankyloglossia, oral carcinoma, current oral ulcers/growth, mucus retention cysts and trismus due to any cause is unfit. Cleft palate is not acceptable even after surgery.

(ab) **FIT**. Completely healed oral ulcers and operated cases of mucus retention cyst only after surgery, with no recurrence and benign histology. Such evaluation will be done after minimum four weeks post-surgery.

* 1. **Pharynx.**

(aa) Any ulcerative / mass lesion of the pharynx will entail rejection.

(ab) Evidence of chronic tonsillitis is a cause for rejection. They may be accepted after tonsillectomy provided histology is benign. Such evaluation will be done minimum four weeks post-surgery.

* 1. **Larynx.**

(aa) Persistent hoarseness, dysphonia, chronic laryngitis, vocal cord palsy, laryngeal polyps, growths are not acceptable.

(ab) Speech defects including stammering are a cause for rejection.

**VISUAL STANDARDS.**

**Visual standards for candidates for various entries into Army, Training Academies, Training Centres.**

1. **Aviation Standards**. Army Aviation has two visual standards, one for the initial direct entry and the other subsequent lateral entry. Colour vision permitted will be CP I.

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Entry** | **Standards** |
| (i) | Officers Army | **Direct Entry** |
|  | Aviation | Uncorrected Vision 6/6 & 6/9 BCVA 6/6 & 6/6Myopia ≤ -0.5 D Sph including max astigmatism≤ +/- 0.5 D CylHypermetropia ≤ +1.5 D Sph, including max astigmatism ≤+/- 0.5 D CylLASIK & equivalent permitted Colour vision - CP I |
|  |  | **Lateral Entry** |
|  |  | Uncorrected Vision 6/12 & 6/12, BCVA 6/6 & 6/6.Myopia ≤ -1.0 D Sph, including max astigmatism ≤ +/- 1.0 D CylHypermetropia ≤ +2.0 D Sph, including max astigmatism ≤+/- 1.0 D CylLASIK & equivalent permitted Colour vision - CP I |

1. **NDA, 10+2 TES & equivalent undergraduate 10+2 entries**. Visual standards will be as follows:-

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Entry** | **Standards** |
| (i) | Officers. NDA Army/10+2 TES & all 10 + 2 equivalent | Uncorrected VA 6/36 & 6/36 BCVA 6/6 & 6/6Myopia ≤ -2.5 D Sph including max astigmatism ≤+/- 2.0 D CylHypermetropia ≤ +2.5 D Sph, including max astigmatism ≤ +/- 2.0 D CylLASIK & equivalent Not Permitted Colour vision - CP II |

1. **IMA and equivalent graduate entries**. Visual standards for IMA and other graduate entry (except AMC/ADC/JAG/EDN/TA/RVC/MNS equivalent) including women will be as follows:-

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **S.No.** | **Entry** | **Standards** |
| (i) | Officers. IMA / Graduate TECH / OTA / UES / Women / Combined Defence Services | Uncorrected VA 6/60 & 6/60 BCVA 6/6 & 6/6Myopia ≤ -3.50 D Sph, including max astigmatism ≤+/- 2.0 D Cyl |
|  |  | Hypermetropia ≤ +3.50 D Sph including max astigmatism ≤ +/- 2.0 D Cyl |
|  |  | LASIK & equivalent permitted\* |
|  |  | Colour vision - CP II. |

1. **Visual standards for AMC/JAG / EDN/ RVC/ MNS/ /ADC / TA/ SL entry.**

Visual standards will be as under: -

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Entry** | **Standards** |
| (i) | Officers. JAG / EDN/ RVC/ MNS/ AMC/ ADC/ TA | Uncorrected VA 3/60 & 3/60 BCVA 6/6 & 6/6Myopia ≤ -5.50 D Sph, including max astigmatism ≤+/- 2.0 D CylHypermetropia ≤ +3.50 D Sph, including max astigmatism ≤ +/- 2.0 D CylLASIK & equivalent permitted \* Colour vision - CP II. |

\* **LASIK or equivalent**. Any candidate who has undergone any Kerato-refractive procedure will have a certificate from the centre where he has undergone the procedure specifying the date and type of surgery. In order to be made Fit, the following criteria will have to be met:-

* 1. Age more than 20 yrs at the time of surgery.
	2. Minimum twelve months post LASIK.
	3. Central corneal thickness equal to or more than 450 µ.
	4. Axial length by IOL Master equal to or less than 26 mm.
	5. Residual refraction of equal to or less than +/- 1.0 D including cylinder provided acceptable to category applied for.
	6. Normal healthy retina.
1. **AFMC Cadet, Student Nurse & equivalent.** Colour vision permitted will be CP II. LASIK is not permitted. Visual standards will be as follows:-

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **S.No.** | **Entry** | **Standards** |
| (i) | AFMC Cadet/ Student Nurse/Equivalent | Uncorrected VA 6/36 & 6/36 BCVA 6/6 & 6/6Myopia ≤ -3.50 D Sph, including max astigmatism ≤+/- 2.0 D CylHypermetropia ≤ +3.50 DSph, including max astigmatism ≤ +/- 2.0 D CylLASIK & equivalent not permitted Colour vision - CP II. |

1. **Visual standards for recruitment as soldiers**. Only two visual standards for recruitment of other ranks/soldiers will apply. Soldier GD, GNR, DVR and equivalent will continue to require unaided vision of 6/6 in each eye. Any other category of recruit who is directly/primarily involved in combat can be included in this group. All other categories of recruits have been grouped into a second group and visual standards of NDA will be applicable to them. In all categories, both unaided vision and BCVA along with the limits of refractive error have been given to bring transparency in the standards. It will be of great assistance when the unfit candidates report to the Ophthalmologist for appeal. Visual standards on entry will be as under:-

Colour vision standards will be as under. Colour vision shall be CP-II for all categories for enrolment.

LASIK is not permitted for any category for enrolment as soldiers.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **S.No.** | **Grade** | **Standards** |
| (aa) | SOL GD/ GNR/ DVR & EQUIVALENT | Uncorrected VA 6/6 & 6/6 BCVA 6/6 & 6/6Myopia - NilHypermetropia ≤ +1.0 DS, including max astigmatism ≤ +/- 0.5 D CylLASIK and equivalent not permitted. Colour vision. CP II |

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Grade** | **Standards** |
| (ab) | SOL TECH/ CLK/ SKT/ NA/ AEC/ DSC/ TDN/ RT/ APS & EQUIVALENT | Uncorrected VA 6/36 & 6/36 BCVA 6/6 & 6/6Myopia ≤ -2.5 D Sph, including max astigmatism≤ +/- 2.0 D CylHypermetropia ≤ +2.5 D Sph including max astigmatism ≤ +/- 2.0 D CylLASIK and equivalent not permitted Colour vision. CP II |

1. **Colour Vision** .Colour vision will be examined by Standard Ishihara Chart.

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| **S.No.** | **Grade** | **Standards** |
| (i) | Army AVN /NDA (Navy) /Naval Academy | I |
| (ii) | NDA Army/10+2 TES | II |
| (iii) | IMA/Graduate TECH/OTA/UES | II |
| (iv) | JAG/EDN/RVC/MNS/AMC/ADC/ (Direct Graduate Entry) | II |
| (v) | AFMC/ Student Nurse | II |
| (vi) | RIMC/Sainik/Military School | II |
| (vii) | SOL GD/GNR/DVR | II |
| (viii) | SOL TECH/ CLK/ SKT/ NA/ AEC / DSC/ TDN /RT /APS | II |
| (ix) | Any other entry | II |

**Standards for Ocular disease.** The following ocular diseases will be dealt as under:-

* 1. **Ptosis.** All types of ptosis will be made UNFIT by Recruiting MO. Mild ptosis may be considered FIT by Specialist provided it is not affecting vision/ visual field in day or night.
	2. **Corneal Opacity.** All grades of corneal opacities will be made UNFIT by Recruiting MO. Small nebular corneal opacity in the periphery not affecting the vision or visual field may be considered FIT by Specialist.
	3. **Pterygium.** All cases of pterygium will be made unfit by MO and Specialist.
	4. **Lenticular opacity.** All types/ grades of lenticular opacities will be made UNFIT by Recruiting MO. Small stationary lenticular opacities in the periphery like congenital Blue Dot cataract not affecting the visual axis/visual field may be considered FIT by Specialist. (Should be less than ten in number and central area of four mm to be clear).
	5. **Nystagmus.** Cases of nystagmus will be made UNFIT except for physiologic nystagmus.
	6. **Entropion/ Ectropion.** Cases of ectropion and entropion will be made Unfit. Mild ectropion and entropion which in the opinion of ophthalmologist will not hamper day to day functioning in anyway, may be made FIT.
	7. **Squint.** All cases of squint will be made UNFIT by Recruiting MO and by Specialist. However, small horizontal latent squint/ phoria i.e. Exophoria/Esophoria may be considered FIT by the Specialist along with Grade III BSV. Hyperphoria / Hypophoria or Cyclophoria are to be made UNFIT.
	8. **Night blindness.** UNFIT. Certificate to be signed by the candidate.
	9. **Retinal lesions.** A small healed chorioretinal scar in the retinal periphery not affecting the vision and not associated with any other complication will be made FIT by Specialist. Similarly, a small lattice in periphery with no other complications can be made FIT. Any lesion in the central fundus will be made UNFIT by the Specialist.
	10. **Naso-Lacrimal occlusion.** If the individual has Epiphora/ Mucocele despite being operated will be made UNFIT. Candidate with symptom free period of at least twelve weeks after surgery, may be made FIT by Specialist.
	11. **Uveitis.** Any type of uveitis (iritis/iridocyclitis/choroiditis) active or healed will be made UNFIT.
	12. **Objective Convergence.** It should be less than or equal to ten cm. During appeal stage the Ophthalmologist while examining the candidate for convergence insufficiency, will do convergence test as laid down:-

(aa) **Convergence Test**. One of the two eyes is to be patched for 30 min and the RAF rule test is to be done after 30 min of patching. If after patching, the individual has convergence more than 10 cm, the candidate will be considered unfit.

(ab) The above procedure need not be done during initial Medical Examination.

* 1. **Accommodation.** It should be less than or equal to 12 cm for young individual (less than 40 yrs of age at time of entry).
	2. **Binocular Single Vision (BSV).** It should be good grade-III.
	3. **Visual Fields.** To be tested by confrontation method. Only in suspicious cases to be tested on an Automated Field Analyser along with IOP, RNFL and other equipment.