AERONAUTICAL TRAINING INSTITUTE, U.P., LUCKNOW AIRPORT, LUCKNOW.

MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr./Ms.................................................................whose signature is given below, has been medically examined by me.

He/she has

*The following physical disabilities

*No physical disabilities

Signature of the applicant

______________________________________________

Signature of Doctor........
Registration No.........
Date......................

MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr.................................................................hereby certify that I have examined Mr./Ms.................................................................whose signature is appended below, and certify that his/her colour vision is Normal/Defective safe/Defective unsafe. (Strike off which is not applicable.)

The colour vision has been tested with:-

(1) Pseudo- Isochromatic plates
(2) Approved Lantern test
(3) Any other test applicable

(Strike off which is not applicable)

Signature of the applicant

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Signature of Doctor........
Registration No........
Date.........................