

INDRAPRASTH INSTITUTE OF AERONAUTICS GURGAON

CA FORM 19-06: MEDICAL CERTIFICATE

To be submitted for admission under CAR-147 (Basic)

MEDICAL CERTIFICATE

(To be provided by a Registered Medical Practitioner holding at least MRRS)

(10 be provided by a Registered Medical Practitioner holding at least MBBS)	
Mr. / Ms	whose signature is appended below, has been
medically examined for any known disability or disorde	r which may become an hindrance to perform the
normal functions of an Aircraft Maintenance Engineer.	
He / She has	
physical disabilities or disorder / no physical disabilities or disorder.	
He / She has been assessed medically fit / unfit to function as an Aircraft Maintenance Engineer.	
(Strikeout whichever is not applicable)	
	Signature of the Doctor
	Designation
Signature of the Applicant with date	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 colour vision is Normal/Defective safe/Defective unsafe. colour vision has been tested	
with,	
1) Pseudo – Isochromatic plates	
2) Approved Lantern test	
3) Any other test applicable	
(Strikeout whichever is not applicable)	
	Signature of the Doctor
	Designation
	Registration No
Signature of the Applicant with date	Date