



# WINGSSS COLLEGE OF AVIATION TECHNOLOGY

(Approved by Director General of Civil Aviation, Govt. of India)

140/6, NEAR WARJE CHOWK, N.D.A. ROAD, WARJE MALWADI, PUNE-411058 (M.S.)

Phone & Fax : +91-20- 25292151, 25294197, 25291542. E-mail:- ame@iiaeit.org

Web: www.iiaeit.org

(To be given by Registered Medical Practitioner holding at least MBBS degree)

## 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 Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Signature of the Applicant \_\_\_\_\_

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. (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 Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Signature of the Applicant \_\_\_\_\_

Date. \_\_\_\_\_