



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.)

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(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. _____