



COLLEGE OF AERONAUTICAL ENGINEERING

(A Unit of GIET University)



Approved by Directorate General of Civil Aviation, Ministry of Civil Aviation, Govt. of India.

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MEDICAL FORM

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

Medical Certificate for Physical Fitness

Mr./Ms.

(Whose signature is given below has been medically examined by me).

(a) He/She has the following

(i)

(ii)

(iii)

(b) 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.

The colour vision has been tested with:

1. Pseudo is chromatic plates.
2. Approved lantern test.
3. Any other test applicable.

Signature of Doctor :

Registration No :

Signature of the applicant

Date :