



PROCEDURE ON CONDUCT OF RECRUITMENT MEDICAL EXAMINATION - OFFICERS

1. A candidate recommended by the Services Selection Board (SSB) will undergo a medical examination i.e. Special Medical Board (SMB) by a Board of Service Medical Officers. Only those candidates, who are declared fit by the Medical Board, will be considered for Merit list.

Candidate Declared Unfit in SMB.

2. President of the SMB intimates the candidates declared unfit of their results and the procedure for an Appeal Medical Board (AMB) to be completed within 42 days of Special Medical Board.

3. Candidates who are declared unfit by the Appeal Medical Board (AMB) may request for Review Medical board (RMB) within one day of completion of AMB. The candidates will be intimated if sanction for holding of RMB is granted by DGAFMS based on the merit of the case. RMB is not a matter of right.

Physical Standards for Officers (Male/ Female) on entry

4. The candidate must be fit according to the prescribed standards. The candidate must be in good physical and mental health and free from any condition which is likely to interfere with the efficient performance of duties both ashore and afloat, under peace as well as war conditions in any part of the world.

5. **Height and Weight Standards.** Please [Click here](#) for Height / Weight standards.

6. During the medical examination of candidates, the following principal points will be ensured:-

(a) The candidate is sufficiently intelligent.

(b) The hearing is good and that there is no sign of any disease of ear, nose or throat.

(c) Vision in either eye is up to the required standard. His/ her eyes are bright, clear and with no obvious squint or abnormality. Movements of eye balls should be full and free in all directions.

(d) Speech is without impediment.

(e) There is no glandular swelling.

(f) Chest is well formed and that his/her heart and lungs are sound.

(g) Limbs of the candidates are well formed and fully developed.

(h) There is no evidence of hernia of any degree or form.

(j) There is free and perfect action of all the joints.

(k) Feet and toes are well formed.

(l) Absence of any congenital malformation or defects.

(m) He/she does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

(n) Presence of sufficient number of sound teeth for efficient mastication.

(p) Absence of any disease of the Genito-Urinary tract.

7. **Major Defects for Rejection (Musculo-Skeletal System).** They are as under:-

(a) Weak constitution, imperfect development, congenital malformation, muscular wasting.

(b) Malformation of the head including deformity from fracture or depression of the bones of the skull.

(c) **Disease or Abnormal Curvature of the Spine.**

- (i) **Assessment of Scoliosis.** Cobb's angle of 15 degrees at Lumbar Spine and 20 degrees at Dorsal Spine will be the cut-off limits for scoliosis.
- (iii) Scoliosis will be declared Unfit if deformity exists on full flexion of the spine with restriction of range of movements or due to organic defect causing structural abnormality.
- (d) Skeletal deformity either hereditary or acquired and disease or impairment of function of bones or joints.
- (e) Rudimentary cervical rib causing no signs or symptoms is acceptable.
- (f) Asymmetry of torso or limbs, abnormality of locomotion including amputation.
- (g) Deformity of feet and toes.
- (h) **Hyperextensible Finger Joints.** All candidates shall be thoroughly examined for hyper-extensible finger joints. Any extension of fingers bending backwards beyond 90 degrees shall be considered hyper-extensible and considered unfit. Other joints like Knee, Elbow, Spine and Thumb shall also be examined carefully for features of hyper laxity/hypermobility. Although the individual may not show features of hyper laxity in other joints, isolated presentation of hyper extensibility of finger joints shall be considered unfit because of the various ailments that may manifest later if such candidates are subjected to strenuous physical training as mentioned above.
- (j) **Mallet Finger.** Normal range of movement at DIP joints is 0-80 degree and PIP joint is 0-90 degrees in both flexion and extension.
- (i) Candidates with mild condition i.e., less than 10 degrees of extension lag without any evidence of trauma, pressure symptoms and any functional deficit should be declared Fit.
- (ii) Candidates with fixed deformity of fingers will be declared Unfit.
- (k) **Polydactyly.** Can be assessed for fitness 12 weeks post-op. Can be declared fit if there is no bony abnormality (X-Ray), wound is well healed and scar is supple.
- (l) **Simple Syndactyly.** Can be assessed for fitness 12 weeks post op. Can be declared fit if there is no bony abnormality (X-Ray), wound is well healed and scar is supple.
- (m) **Complex Syndactyly.** Unfit
- (n) **Polymazia.** Can be assessed for fitness 12 weeks post-op.
- (p) **Hyperostosis Frontalis Interna.** Will be considered fit in the absence of any other metabolic abnormality.
- (q) **Healed Fracturpes.**
- (i) All intra-articular fractures especially of major joints (Shoulder, elbow, wrist, hip, knee and ankle) with or without surgery, with or without implant shall be considered unfit.
- (ii) All extra-articular injuries with post-operative status with or without implant shall be considered unfit.
- (iii) All extra-articular injuries of long bones which have been managed conservatively shall be thoroughly evaluated clinically for soft tissue involvement, crush component, alignment, mal-union/ non-union or any miscellaneous causes which can later on present with a disability on being subjected to physical stress shall be considered unfit if found so. However, the fitness of a candidate in whom the fracture has consolidated well and remodelled after conservative treatment with no evidence of mal-alignment, shortening, soft tissue involvement etc. shall be at the discretion of Surgical Specialist or Medical Board.
- (r) **Cubitus Recurvatum.** >10 degrees is Unfit
- (s) **Cubitus Valgus.** Cubitus Valgus should be primarily a clinical diagnosis. The suggested indications to perform a radiographic evaluation include:-
- (i) History of trauma
- (ii) Scar around elbow
- (iii) Asymmetry of angles
- (iv) Distal neurovascular deficit
- (v) Restricted range of motion
- (vi) If deemed necessary by Orthopaedic Surgeon
- (t) **Hyperextension at Elbow Joint.**
- (i) **Measurement modality.** Measured using a Goniometer

(ii) Normal elbow extension is 0 degrees. Up to 10 degrees of hyperextension is within normal limits if the patient has no history of trauma to the joint. Anyone with hyperextension more than 10 degree should be unfit.

8. **Eye.** The following are criteria for rejection:-

(a) Deformity or morbid condition of the eye or eyelids that is liable for aggravation or recurrence.

(b) **Squint.** Manifest squint of any degree.

(c) **Trachoma.** Active trachoma or its complication or sequelae.

(d) **Ptosis.** Candidate will be considered fit post-operative provided there is no recurrence one year after surgery, visual axis is clear with normal visual fields and upper eyelid is 02 mm below the superior limbus. Candidates, who have not undergone surgery for the condition, would be considered fit if they meet any of the following criteria:-

(i) Mild ptosis

(ii) Clear visual axis

(iii) Normal visual field

(iv) No sign of aberrant degeneration/ head tilt

(e) **Exotropia.** Unfit

(f) **Anisocoria.** If size difference between the pupils is $>01\text{mm}$, candidate will be considered unfit.

(g) **Heterochromia Iridum.** Unfit

(h) **Sphincter Tears.** Can be considered fit if size difference between pupils is $<01\text{mm}$, pupillary reflexes are brisk with no observed pathology in cornea, lens or retina.

(j) **Pseudophakia.** Unfit

(k) **Lenticular Opacities.** Any lenticular opacity causing visual deterioration, or is in the visual axis or is present in an area of 07 mm around the pupils, which may cause glare phenomenon, should be considered Unfit. The propensity of the opacities not to increase in size or number should also be a consideration when deciding fitness. Small stationary lenticular opacities in the periphery like congenital blue dot cataract, not affecting the visual axis/ visual field may be considered by specialist (Should be less than 10 in number and central area of 04 mm to be clear).

(l) **Optic Nerve Drusen.** Unfit

(m) **High Cup Disc Ratio.** Candidate will be declared unfit if any of the following conditions exist:

- Inter-eye asymmetry in cup Disc ratio >0.2
- Retinal Nerve Fiber Layer (RNFL) defect seen by RNFL analysis on OCT
- Visual Field Defect detected by Visual Field Analyser

(n) **Keratoconus.** Unfit

(p) **Lattice.**

(i) The following lattice degenerations will render a candidate Unfit:-

(aa) Single circumferential lattice extending more than two clock hours in either or both eyes

(ab) Two circumferential lattices each more than one clock hour in extent in either or both eyes

(ac) Radial lattices

(ad) Any lattice with atrophic hole/ flap tears (Unlasered)

(ae) Lattice degenerations posterior to equator

(ii) Candidates with lattice degeneration will be considered Fit under the following conditions:-

(aa) Single circumferential lattice without holes of less than two clock hours in either or both eyes

(ab) Two circumferential lattices without holes each being less than one clock hour in extent in either or both eyes

(ac) Post Laser delimitation single circumferential lattice, without holes/ flap tear, less than two clock hours extent in either or both eyes

(ad) Post Laser delimitation two circumferential lattices, without holes/ flap tear, each being less than one clock hour extent in either or both eyes

(q) **Kerato-Refractive Surgery**. The vision standards post Kerato-Refractive Surgery (PRK/ LASIK/ SMILE) are as follows:-

(i) The Kerato-Refractive Surgery (PRK/LASIK/SMILE) is permissible for all branches at the time of recruitment, with following conditions:-

(aa) Keratometry will be performed for candidates at SMB for detecting undeclared refracto-corrective procedures like PRK, Epi-LASK, SMILE etc. Values for the same will be endorsed in SMB.

(ab) Surgery should not have been carried out before 20 years of age.

(ac) Uncomplicated Surgery at least 12 months before examination (Certificate mentioning the type of refractive surgery, date of surgery and pre-operative refractive error from concerned eye centre is to be produced by the candidate at the time of recruitment medical examination).

(ad) **Post LASIK Standards**. Candidate will be considered Fit if Axial Length by IOL Master is equal to or less than 26 mm and Central Corneal Thickness is equal to or more than 450 microns.

(ae) Residual refraction less than or equal to + 1.0 D Sph or Cyl provided within the permissible limit for the category applied for. However, for Pilot and Naval Air Operations entries, the residual refraction should be Nil.

(af) Pre-operative refractive error not more than +/-6.0D

(ag) Normal retinal examination

(ii) Kerato-Refractory Surgery (PRK, LASIK, SMILE) is not acceptable for special cadres such as submarine, diving and MARCO.

(iii) Candidates who have undergone Radial Keratotomy are permanently unfit for all branches.

(r) **Vision Standards**. Visual acuity below prescribed standards.

(i) Visual Standards for Officer entry are as follows:-

		10+2 Entry	Graduate Entry		
Ser	Criteria	NDA(Navy)/ NDA (NA)/ 10+2 (B Tech)/ CW	Aviation#	ATC	CDSI DESS (GS/2 (GS/2 DESS (Hyd)
(aa)	Uncorrected Vision	6/6 6/9	6/6 6/9	6/9 6/9	6/12
(ab)	Corrected Vision	6/6 6/6	6/6 6/6	6/6 6/6	6/6
(ac)	Limits of Myopia	-0.75 D Sph	Nil	- 0.75 D Sph	-1.5 D
(ad)	Limits of Hypermetropia	+1.5 D Cyl	+1.5 D Cyl	+1.5 D Cyl	+1.5 D
(ae)	Astigmatism (within limits of myopia and hypermetropia)	± 0.75 D Sph/ Cyl	+0.75 D Cyl	± 0.75 D Sph/Cyl	± 0.75 D Sph/
(af)	Binocular Vision	III	III	III	III
(ag)	Colour Perception	I	I	II	I
(ah)	LASIK/Equivalent Surgery	No	Yes	Yes	Yes
(aj)	Radial Keratotomy	No	No	No	No

(ii) Additional Visual Standards for Naval Aircrew are as under:-

(aa) **Astigmatism**. +0.75 D Cyl

(ab) **Maddox Test at 6 meters**. Exo 6.00, Eso 6.00, Hyper/ Hypo 1.00

(ac) **Maddox Test at 33 cms**. Exo 16.00, Eso 6.00, Hyper/ Hypo 1.00

(ad) **Bishop H Test**. Exo 0.4, Eso 05

(ae) **Convergence**. Upto 9 Cms

(af) **Cover Test**. For distance: Lateral Divergence/ Convergence recovery rapid and complete, For Near: Lateral Divergence/Convergence recovery rapid and complete

9. **Ear, Nose and Throat.**

(a) **Ear.**

(i) **Ear Disorders.** History or recurrent ear ache, tinnitus or vertigo, impairment of hearing, disease of the external meatus including atresia, exostosis or neoplasm which prevent a thorough examination of the drum, unhealed perforation of the tympanic membrane, aural discharge or sign of acute or chronic suppurative otitis media, evidence of radical or modified radical mastoid operation.

(ii) **Hearing Acuity.** A candidate should be able to hear forced whisper at a distance of 610 cms with each ear separately with back to the examiner.

(iii) **Bony Growth of External Auditory Canal.** Any candidate with clinically evident bony growth of external auditory canal like exostosis, osteoma, fibrous dysplasia etc. will be declared Unfit. Assessment of operated cases will be done after minimum period of 4 weeks. Post-surgery histopathology report and HRCT temporal bone will be mandatory. If the histo-pathological report is suggestive of a neoplasia or HRCT temporal bone is suggestive of partial removal or deep extension it would entail rejection.

(iv) **Otitis Media.** Current Otitis Media of any type will entail rejection. Evidence of healed chronic otitis media in the form of tympanosclerosis/ scarred tympanic membrane affecting less than 50% of Pars Tensa of tympanic membrane will be assessed by ENT Specialist and will be acceptable if Pure Tone Audiometry (PTA) and Tympanometry are normal. Healed healthy scar (Dimeric Tympanic Membrane or cartilage) of the Neo-Tympanic Membrane involving less than 50% of Pars Tensa due to Type 1 Tympanoplasty (tympanic membrane repair with or without cartilage)/ Myringoplasty (with or without intact cortical mastoidectomy) for Chronic Otitis Media (mucosal type) and Myringotomy (for Otitis Media with Effusion) may be accepted after minimum period of 1 year post surgery if PTA and tympanometry are normal.

(v) The fwg conditions would render a candidate Unfit:-

(a) Residual perforation

(b) Residual hearing loss on Free Field Hearing and/or PTA

(c) Any other type of tympanoplasty (other than Type 1 Tympanoplasty) or middle ear surgery (including ossiculoplasty, stapedotomy, canal wall down mastoidectomy, atticotomy, attico-antroostomy etc)

(d) Any implanted hearing device (eg. cochlear implant, bone conduction implant, middle ear implants etc)

(b) **Nose.**

(i) **Nasal Disorders.** Disease of the bones or cartilages of the nose, marked nasal allergy, nasal polyps, atrophic rhinitis, disease of the accessory sinuses and nasopharynx.

(ii) **Septal Deformity.** Nasal septal perforation can be anterior cartilaginous or posterior bony perforation. Simple nasal deformity not causing disfigurement, minor septal deviation not interfering with nasal airway and small traumatic septal perforation which are asymptomatic are acceptable. Any septal perforation greater than 01 cm in the greatest dimension is a ground for rejection. A septal perforation which is associated with nasal deformity, nasal crusting, epistaxis and granulation irrespective of the size is a ground for rejection.

(iii) **Nasal Polyposis.** It is also known as Chronic Rhinosinusitis with polyposis (CRSwNP). Any individual detected to have nasal polyposis on examination or with history of having undergone surgery for nasal polyposis will be rejected.

(c) **Throat.**

(i) **Throat Disorders.** Disease of throat palate, tongue, tonsils, gums and disease or injury affecting the normal function of either mandibular joints.

(ii) **Tonsils.** Simple hypertrophy of tonsils without associated history of attacks of tonsillitis is acceptable.

(d) **Disease of the Larynx and Impediment of Speech.** Voice should be normal. Candidates with pronounced stammer will not be accepted.

10. **Dental Condition.** It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.

(a) **Dental Points.** A candidate must have a minimum of 14 dental points to be acceptable in order to assess the dental condition of an individual. Dental points less than 14 are a cause of rejection. The dental points are allotted as under for teeth in good opposition with corresponding teeth in the other jaw:-

(i) Central incisor, lateral incisor, canine, 1st Premolar, 2nd Premolar and under development third molar with 1 point each.

(ii) 1st molar and 2nd molar and fully developed 3rd molar with 2 points each.

(iii) When all 32 teeth are present, there will be a total count of 22 or 20 pints according to whether the third molars are well developed or not.

(iv) Artificial dentures are not to be included while counting the dental points.

(b) **Apposition.** The following teeth in good functional apposition must be present in each jaw and all these teeth must be sound/ repairable:-

(i) Any 4 of the 6 anteriors.

(ii) Any 6 of the 10 posteriors.

(c) **Pyorrhea.** Candidates suffering from severe pyorrhea will be rejected. Where the state of pyorrhea is such that in the opinion of the Dental Officer, it can be cured without extraction of teeth, the candidates may be accepted. A note about the affected teeth is to be inserted by the Medical/ Dental Officer in the medical documents.

11. **Neck.**

(a) Enlarged glands, tubercular or due to other diseases in the neck or other parts of the body. Scars of operations for the removal of tubercular glands are not a cause for rejection provided there has been no active disease within the preceding five years and the chest is clinically and radiologically clear.

(b) Disease of the thyroid gland.

12. **Chest.**

(a) Deformity of chest, congenital or acquired.

(b) Expansion less than 5 cms.

(c) Significant bilateral/ unilateral Gynaecomastia in males. Can be evaluated for fitness 12 weeks post-op.

13. **Respiratory System.**

(a) History of chronic cough or Bronchial Asthma.

(b) Evidence of Pulmonary Tuberculosis.

(c) Evidence of diseases of bronchi, lungs or pleurae detected on radiological examination of the chest will disqualify the candidate.

14. **Cardio-Vascular System.**

(a) Functional or organic disease of the heart or blood vessels, presence of murmurs or clicks on auscultation.

(b) **Pulse.** Tachycardia (Pulse Rate persistently over 96/min at rest), bradycardia (Pulse Rate persistently below 40/min at rest), any abnormality of peripheral pulse.

(c) **Blood Pressure.** Candidate with Blood Pressure consistently greater than 140/90mm Hg will be rejected. Detailed evaluation as per protocol would be conducted during AMB.

(d) **Electrocardiogram (ECG).** Any ECG abnormality detected at SMB will be a ground for rejection. Detailed evaluation as per protocol would be conducted during AMB.

15. **Abdomen.**

(a) Evidence of any disease of the gastro-intestinal tract, enlargement of liver, gall bladder or spleen, tenderness on abdominal palpation, evidence/ history of peptic ulcer or previous history of extensive abdominal surgery. All officer entry candidates are to be subjected to the Ultra Sound Examination of the abdominal and pelvic organs for detecting any abnormalities of the internal organs.

(b) **Agenesis of Gall Bladder.** Will be considered fit in the absence of any other abnormality of the biliary tract. MRCP will be done for such cases.

Inguinal or any other hernia or tendency thereto.

(c) **Post-op Assessment.** Post-op duration for assessment of fitness in common conditions:-

(i) **Hernia.** Those who have been operated for hernia may be declared fit provided:-

(aa) 24 weeks have elapsed since the operation for Anterior Abdominal Wall hernia. Documentary proof to this effect is to be produced by the candidate.

(ab) General tone of the abdominal musculature is good.

(ac) There has been no recurrence of hernia or any complication connected with the operation.

(ii) **Other Conditions.** Those who have been operated for below mentioned conditions may be declared fit provided:-

- (aa) **Open Cholecystectomy**. 24 weeks (In the absence of Incisional Hernia)
 - (ab) **Laparoscopic Cholecystectomy**. 08 weeks (Normal LFT, Normal histopathology)
 - (ac) **Appendicectomy**. 04 weeks (with normal histo-pathological findings)
 - (ad) **Pilonidal Sinus**. 12 weeks
 - (ae) **Fistula-in-Ano, Anal Fissure and Grade IV Hemorrhoids**. 12 weeks post-op with satisfactory recovery.
 - (af) **Hydrocele and Varicocele**. 08 weeks post-op with satisfactory recovery.
16. **Genito-Urinary System**.
- (a) Any evidence of disease of genital organs.
 - (b) **Undescended Testis**. Bilateral undescended testis, unilateral undescended testis retained in the inguinal canal or at the external abdominal ring unless corrected by operation. Absence of one testis is not a cause for rejection unless the testis has been removed on account of disease or its absence has affected the physical or mental health of the candidate.
 - (c) **Disease or malformation of the Kidneys or Urethra**. Unfit
 - (d) **Other Conditions**. The following are criteria for rejection:-
 - (i) **Renal Calculi**. Irrespective of size, numbers, obstructive or non-obstructive. History of renal calculi (History or radiological evidence) will render a candidate Unfit.
 - (ii) Calycecdasis
 - (iii) Bladder Diverticulum
 - (iv) **Simple Renal Cyst**. > 1.5 Cm
 - (e) Incontinence of urine and nocturnal enuresis.
 - (f) Any abnormality on examination of urine including albuminuria or glycosuria.
17. **Skin and Sexually Transmitted Infection (STI)**.
- (a) Skin disease unless temporary or trivial.
 - (b) Scars which by their extent or position cause or are likely to cause disability/ or marked disfigurement.
 - (c) **Hyperhidrosis**. Palmar, plantar or axillary.
 - (d) Congenital, active or latent sexually transmitted diseases.
 - (e) In cases with old healed scar over the groin or penis/ vagina suggestive of past STI, blood will be tested for STI (Including HIV) to exclude latent Sexually Transmitted Disease.
18. **Central Nervous System**.
- (a) Organic disease of Central Nervous System.
 - (b) Tremors.
 - (c) Candidates with history of fits and recurrent attacks of headache/ migraine will not be accepted.
19. **Psychiatric Disorders**. History or evidence of mental disease or nervous instability in the candidate or his family.
20. **Women Candidates**. They should not be pregnant and should also be free from gynaecological disorders such as primary or secondary Amenorrhea/ Dysmenorrhoea/ Menorrhagia etc. All women candidates will be subjected to ultra Sound Examination of the abdominal and pelvic organs for detecting any abnormalities of the internal organs.
21. **Tattoo**. [Click here](#) for policy.
22. **Lab Investigations**.
- (a) **Hematology**.
 - (i) **Polycythemia**. Hemoglobin more than 16.5g/dL in males and more than 16g/dL in females will be considered as Polycythemia and deemed Unfit.
 - (ii) **Monocytosis**. Absolute monocyte counts greater than 1000/cu mm or more than or equal to 10% of total WBC counts is to be deemed Unfit
 - (iii) **Eosinophilia**. Absolute eosinophil counts greater than or equal to 500/ cu mm is deemed Unfit.