





GUIDELINES FOR PHYSICAL STANDARDS FOR ADMISSION TO THE NATIONAL DEFENCE ACADEMY

Note : CANDIDATES MUST BE PHYSICALLY AND MENTALLY FIT ACCORDING TO THE PRE-SCRIBED PHYSICAL STANDARDS. THE GUIDELINES FOR THE SAME ARE GIVEN BELOW.

A NUMBER OF QUALIFIED CANDIDATES ARE REJECTED SUBSEQUENTLY ON MEDICAL GROUNDS. CANDIDATES ARE THEREFORE ADVISED IN THEIR OWN INTEREST TO GET THEMSELVES MEDICALLY EXAMINED BEFORE SUBMITTING THEIR APPLICATIONS TO AVOID DISAPPOINTMENT AT THE FINAL STAGE.

Candidates are also advised to rectify minor defects/ailments in order to speed up finalisation of medical examination conducted at the Military Hospital after being recommended at the SSB. Few of such commonly found defects/ailments are listed below :

- (a) Wax (Ears)
- (b) Deviated Nasal Septum
- (c) Hydrocele/Phimosis
- (d) Overweight/Underweight
- (e) Under sized Chest
- (f) Piles
- (g) Gynaecomastia
- (h) Tonsillitis
- (i) Varicocele

Civilian candidates appearing for all types of commission in the Armed Forces will be entitled to out-patients treatment from service sources at public expense for injuries sustained or diseases contracted during the course of their examination by the Selection Board. They will also be entitled to in-patient treatment at public expense in the Officers' ward of a hospital provided

(a) the injury is sustained during the tests or,

(b) the disease is contracted during the course of the examination by selection board and there is no suitable accommodation in local civil hospital or it is impracticable to remove the patient to the civil hospital; or,

(c) the medical board requires the candidates' admission for observation.

NOTE : They are not entitled to special nursing.

A candidate recommended by the Services Selection Board will undergo a medical examination by a Board of Service Medical Officers. Only those candidates will be admitted to the academy who are declared fit by the Medical Board. The proceedings of the Medical Board are confidential and will not be divulged to anyone. However the candidates declared unfit will be intimated by the President of the Medical Board and the procedure for request for an Appeal Medical Board will also be intimated to the candidate.

Candidates declared unfit during Appeal Medical Board will be intimated about the provision of Review Medical Board. (a) The candidate must be in good physical and mental health and free from any disease/disability which is likely in interfere with the efficient performance of military duties.

(b) There should be no evidence of weak constitution, bodily defects or under weight. The candidate should not be overweight or obese.

(c) The minimum acceptable height is 157.5 cms. (162.5 cms for Air Force) For Gorkhas and individuals belonging to hills of North Eastern regions of India, Garhwal and Kumaon, the minimum acceptable heights will be 5 cms. less. In case of







candidates from Lakshadweep the minumum acceptable height can be reduced by 2 cms. Height and weight standards are given below :

Height/Weight Standards for Army/Air Force						
TABLE-I						
Height in Centimetres (Without shoes)		<u>Weight in Kgs.</u>				
	16-17 years	17-18 years	18-19 years			
152	42.5	44	45			
155	43.5	45.3	47			
157	45	47	48			
160	46.5	48	49			
162	48	50	51			
165	50	52	53			
167	51	53	54			
170	52.5	55	56			
173	54.5	57	58			
175	56	59	60			
178	58	61	62			
180	60	63	64.5			
183	62.5	65	66.5			

	HEIGHT/WEIGHT STANDARDS FOR NAVY				
	TABLE-II				
	Height in Centimetres (Without shoes)	16 years	Weight in Kgs. 18 years	20 years	
	152	44	45	46	
	155	45	46	47	
	157	46	47	49	
X	160	47	48	50	
	162	48	50	52	
	165	50	52	53	
	168	52	53	55	
	170	53	55	57	
	173	55	57	59	
	175	57	59	61	
	178	59	61	62	
	180	61	63	64	
	183	63	65	67	







A \pm 10% (A \pm 6 Kg for Navy) departure from the average weight given in the table 1 above is to be considered within normal limit. However, in individuals with heavy bones and broad build as well as individuals with thin but otherwise healthy this may be relaxed to some extent on merit.

NOTE 1: Height relaxable upto 2.5 cm (5 cm. for Navy) may be allowed where the Medical Board certifies that the candidate is likely to grow and come up to the required standard on completion of his training.

NOTE 2: To meet special requirement as a pilot in the Air Force the acceptable measurements of leg length, thigh length and sitting height will be as under :

	Minimum	Maximum
Leg Length	99.00cms.	120.00 cms.
Thigh Length	\$	64.00 cms.
Sitting Height	81.50cms.	96. 00 cms.

On account of lower age of NDA candidates, a margin of upto 5.0 cm. in height, 2.5 cm. in leg length (minimum) and 1.0 cm. sitting height (minimum) may be given provided it is certified by the Medical Board that the candidate is likely to grow and come upto the required standard on completion of his training in NDA.

(d) Chest should be well developed. Fully expanded chest should not be less than 81 cms. The minimum range of expansion after full inspiration should be 5 cms. The measurement will be taken with a tape so adjusted that its lower edge should touch the nipple in front and the upper part of the tape should touch the lower angle of the shoulder blades behind. X-Ray of the chest is compulsory and will be taken to rule out any disease of the chest.

(e) There should be no mal-development or impairment of function of the bones or joint.

Spinal Conditions

(f) Past medical history of diseases or injury of the spine or sacro iliac joints, either with or without objective signs which have prevented the candidate from successfully following a physically active life, is a cause for rejection for commissioning in IAF, History of spiral fracture/prolapsed intervertebral disc and surgical treatement for these conditions will ential rejection. The following c conditions detected radiologically during medical exam will disqualify a candidate for Air Force Service:-

- (i) Granulomatous disease of spine
- (ii) Arthritidies/spondylosis
 - Rheumatoid arthristis and allied disorder
 - Ankylosing spondylitis
 - Osteoarthrosis, spondylosis and degenerative joint diseases
 - Non articular rheumatism (e.g. lesions of the rotator cuff, tennis elbow, recurrent lumbago etc.)
 - Miscellaneous disorders including SLE, dermatomyositis, polymyositis, vasculitis.
- (iii) Spondylolisthesis/spondylolysis.
- (iv) Compression fracture of vertebrae.
- (v) scheurerman's disease (Adolescent kyphosis)
- (vi) Loss of cervical lordosis when associated with clinically restricted movements of cervical spine.
- (vii) Unilateral/bilateral cervical ribs with demonstrable neurological or circulatory deficit.







- (viii) Scoliosis more than 15 degree as measured by Cobb's method.
- (ix) Herniated nucleus pulposus.
- (x) Prescence of schmorl's nodes at more than one level.
- (xi) Atlanto-occipital or atlantoaxial anomalies.

(xii) Hemi vertebrae and /or incomplete block (fused) vertebrae at more than one level in cervical or dorsal spine.

(xiii) Unilateral Sacralisation or lumbarisation (complete or incomplete) at all levels and bilateral incomplete sacralisation or lumbarisation.

(xiv) Any other abnormality if so considered by the specialist.

(g) Mild Kyphosis or Lordosis where deformity is barely noticeable and there is no pain or restriction of movement will not preclude acceptance.

(h) In case of noticeable Scoliosis or suspicion of any other abnormality or spinal deformity, more than mild, appropriate X-rays of the spine are to be taken and the Examinee referred for specialist advice.

- (i) The following conditions detected on X-ray examination will be disqualifying for entry to Armed Forces.
 - (i) Granulomatius disease of spine.
 - (ii) Arthritidies/spondylosis
 - (iii) Scoliosis more than 15 degree as measured by Cobb s Method (10 degree for Army).
 - (iv) More than mild Kyphosis/Lordosis
 - (v) Spondylolisthesis/Spondylosis.
 - (vi) Herniated nucleus pulposes.
 - (vii) Compression fracture of Vertebra.
 - (viii) Sacaralisation Disease
 - (ix) Cervical ribs with demonstrable neurological or Circulatory deficit.
 - (x) Presence of Schmorl s node at more than one level.
 - (xi) Atlanto-occipital, and atlanto-axial anomalies.
 - (xii) Incomplete Sacaralisation Unilateral or Bilateral
 - (xiii) Spinabifida other than SV 1 and LV 5
 - (xiv) Any other abnormality, if so considered by specialist.
- (j) A candidate should have no past history of mental breakdown or fits.

(k) The hearing should be normal. A candidate should be able to hear a forced whisper with each ear at a distance of 610 cms in a quite room. There should be no evidence of present or past disease of the ear, nose and throat. Audiometric test will be done for AF. Audiometric loss should not exceed+20 db in frequencies between 250Hz and 4000 Hz. There is no impediment of speech.

(I) There should be no signs of functional or organic disease of the heart and blood vessels. Blood pressure should be normal.

(m) There should be no enlargement of liver or spleen. Any evidence of disease of internal organs of the abdomen will be a cause for rejection.

(n) Un-operated hernias will make a candidate unfit. In case of Hernia which has been operated, a minimum of 6 months must have passed. Prior to final medical examination before commencement of the course.

- (o) There should be no hydrocele, varicocele or piles.
- (p) Urine examination will be done and any abnormality if detected will be a cause for rejection.







(q) Any disease of skin which is likely to cause disability or disfigurement will also be a cause for rejection.

(r) A candidate should be able to read in a distant vision chart 6/6 in better eye and 6/9 in worse eye with or without glasses. Myopia should not be more than 2.5 D and hypermetropia not more than 3.5 D including Astigmatism. Internal examination of the eye will be done by means of opthalmoscope to rule out any disease of the eye. A candidate must have good binocular vision. The colour vision standard, will be (CPIII) for Army A candidate should be able to recognise red and green colours. Candidates will be required to give certificates that neither he nor any member of his family has suffered from congenital night blindness. Candidates who have undergone or have the evidence of having undergone Radial Keratotomy, to improve the visual acuity will be permanently rejected for all the Services. Candidates who have undergone Laser Surgery for correction of refractive error are also not acceptable to defence services.

Vision standard for Naval candidates

Uncorrected without glass	6/9
Corrected with glass	6/6
Limits of myopia	-0.75
Limits of Hypermetropia	+1.5
Binocular Vision	
Limits of Colour preception	

Visual Standards for Air Force:-

CANDIDATE WHO HABITUALLY WEAR SPECTACLES ARE NOT ELIGIBLE FOR AIR FORCE Minimum Distant vision 6/6 in one eye and 6/9 in other, correctable to 6/6 only for Hypermetropia. Colour vision CP-1 D Hypermetropia: +2.0Sph Manifest Nil Myopia: Meridian Retinoscopic Myopia: in any permitted Astigmatism: D Cyl (within +2.0D-Max) Maddox Rod Test (i) at 6 meters - Exo 6 prism D Eso 6 prism D. Hyper-1 prism D Hypo 1 prism D. (ii) at 33 cms. -Exo 16 prism D. Eso 6 prism D. Hyper-1 prism D Hypo 1 prism D. Handheld stereoscope - all of BSV grades Convergence - up to 10 cm Cover test for distant and near lateral divergence/convergence recovery rapid and complete Radial Keratotomy, Photo

Refractive Keratotomy/laser in Situ, Keratomileusis (PRK/LASIK) surgeries for correction refractive errors are not







permitted for any Air Force duties. Candidates having undergone cataract surgery with or without IOL implants will also be declared unfit.

Binocular vision must possess good binocular vision (fusion and stereopsis with good amplitude and depth.

Candidates who have undergone LASIK surgery are not considered fit for permanent commission in flying branch in IAF.

(s) USG abdomen examination will be carried out and any congenital structural anomaly or disease of the abdominal organs will be a cause for rejection in Armed Forces.

(t) The candidates should have sufficient number of natural and sound teeth. A minimum of 14 dental points will be acceptable. When 32 teeth are present, the total dental points are 22. A candidate should not be suffering from severe pyorrhoea.

(u) Routine ECG and EEG for Air Force candidates must be within normal limits.

(v) **Physical conditioning:-** Prospective candidates are advised to keep themselves in good physical condition, by following the undermentioned routine:-

- (a) Running 2-4 Km in 15 minutes.
- (b) Skipping
- (c) Pushups and sit ups (minimum 20 each)
- (d) Chin ups (minimum 08)
- (e) Rope climbing 3-4 metres