

**AIRPORTS AUTHORITY OF INDIA**  
**CLASS 3 MEDICAL ASSESSMENT FORM**

Name		Employee No.:	
Designation		ATCOL/SATCOL No.:	
Date of Birth	Sex	Present Place of posting	
	Male <input type="checkbox"/> Female <input type="checkbox"/>		
This is to certify that the Ms/Mr ..... meets/ does not meet the medical standards prescribed for Class 3 Medical Assessment vide DGCA CAR Section 7 Series C Part I, issue II (Rev. 5) dated 5 <sup>th</sup> April 2021.			
LIMITATIONS			
Date of Medical examination (DD/MM/YYYY)		Valid Until (DD/MM/YYYY)	
<p>Medical Assessor/ Authorised Medical Attendant (AMA)</p> <p>Directorate of CAP, CHQ, AAI, New Delhi. <span style="float: right;">Stamp</span></p> <p>Date.....</p>			

Note: Please bring this Certificate on next Medical Examination