



GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF CIVIL AVIATION

PROCEDURE & TRAINING MANUAL

Medical Directorate

Issue - II (Revision 3)

Revised on 20th October 2022

**This Manual contains various procedures and functions involved of
the Medical Directorate and Training Program**

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Procedure & Training Manual

Medical Directorate

**DGCA Headquarters
Aurobindo Marg, New Delhi – 110 003**

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RECORD OF REVISIONS

The revisions are carried out as and when required to accommodate the amendments made in Aircraft Rules, Civil Aviation Requirements and to enhance the efficiency for issue of Medical Assessment to aircrew.

The space below is provided to keep a record of such revisions.

RECORD OF REVISIONS

No.	Date of Revision	Remarks
Issue I	14 Nov 2008	
Issue II	22 Oct 2018	
Revision 1	31 Oct 2018	Page No. 2 Annexures A, B & C
Revision 2	10 Sep 2021	Procedure for Class 3 Medical Assessment for ATCOs
Revision 3	20 Oct 2022	Para 6, 7, 8 and 9 Annexure 'C and L'

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1. INTRODUCTION

Medical Assessment of the flight crew and ATCOs is issued in accordance with the provisions contained in Rule 39 B and 103 of the Aircraft Rule, 1937 respectively. The flight crew medical assessment issued or renewed are enlisted in Rule 39 C of The Aircraft Rules and Rule 104 of The Aircraft Rules for personnel of Air Traffic Services. Director General Medical Services (Air) of the Indian Air Force (IAF) is the advisor to the DGCA on all medical matters. Medical Assessors working in Medical Directorate of DGCA are the representative of DGMS (Air). The Medical Assessors are either Aerospace Medicine Specialists or are trained in Aviation Medicine aspects and are on active service of IAF. The Medical Assessment for the Medical examination conducted by the Medical Examiner is issued by the Director/ Joint Director Medical Services (Civil Aviation) (DMS / JDMS).

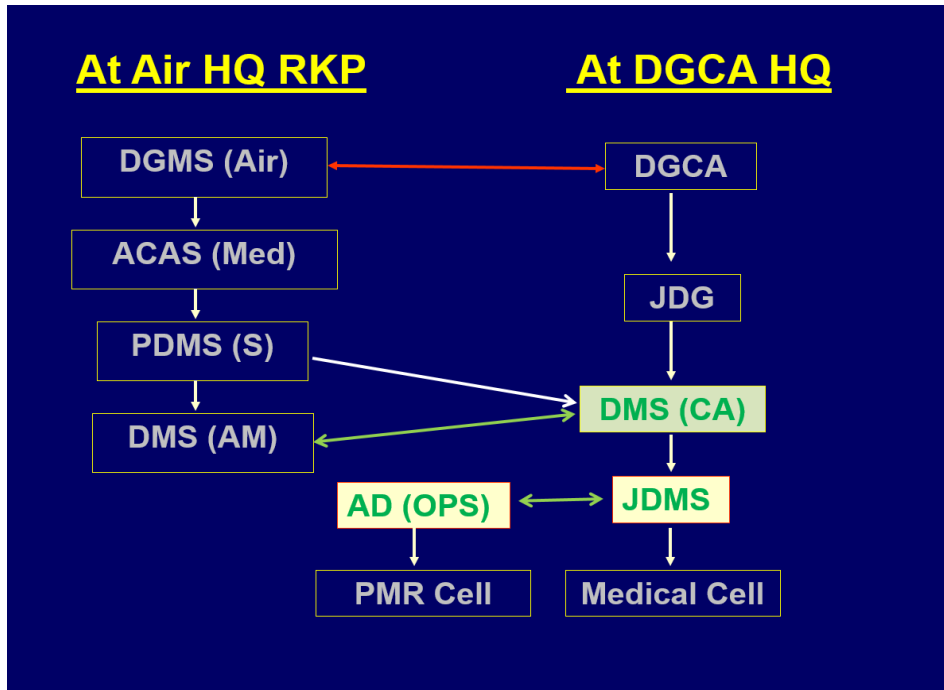
The initial and recurrent training of all categories of personnel involved in the medical examination and assessment has been mandated by the ICAO in Annex 1. This function of the Medical Section is accomplished with technical assistance from the IAF medical centres.

The present manual lays down all procedures & training aspects that are followed in Medical Directorate of DGCA. In the execution of the training, besides the DGCA, assistance shall be sought from the office of DGMS (Air), premier medical establishments of IAF, Airline Medical Departments and Airline Industry.

All the procedures with respect to training, medical examination and issue of medical assessments have been documented in the manual.

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Command & Control of Medical Directorate



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1.2 Functions of Medical Directorate

- (a) Issue of Medical Assessments for initial, renewal, re-initial, special, temporary/permanent unfit and appeal medical examination of civil aircrew.
- (b) Updating and safekeeping of Pilot Medical Record (PMR) of civil aircrew.
- (c) Review of empanelment/ Re-empanelment process of Class 1 and 2 Medical Examiners and civil hospitals.
- (d) Conduct of periodic updates/workshop for Class 1 & 2 Medical Examiners, Armed Forces and Airline doctors who are involved with medical examination of civil aircrew.
- (e) Ensuring smooth conduct of DGCA Licensing Medical examination of civil aircrew at Air Force Medical Centres, Civil Hospitals and by DGCA empanelled Class 1 & 2 Medical Examiners.
- (f) To associate with Aircraft Accidents Investigation Bureau (AAIB) team as medical member for aircraft accidents/serious incident investigations, whenever required
- (g) Reply to RTI, Parliament questions and handling of Court cases pertaining to Medical issues.
- (h) Updating of medical policies and their promulgation on DGCA website from time to time.
- (j) Issue of NOC for conduct of delayed/early/special/post temporary unfit medical examination.
- (k) Change of personal details viz. name, date of birth, place of birth and correspondence address in medical records.
- (l) Conduct of False Declaration Committee Board Meeting and disposal of cases.

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(m) Conduct of Class 2 medical examination of cabin crew at Air Force Medical Boarding Centres (contentious and appeal cases only).

1.3 Duties and Responsibilities

(a) DMS/JDMS. DMS/JDMS performs the duties of 'Medical Assessor' who peruses and approves (on behalf of DGCA) the medical examinations conducted by 'Medical Examiners'. These include the following-

- (i) Class 1 medical examination at Air Force Medical Centres, designated Civil Hospitals and Class 1 Medical Examiners.
- (ii) Class 2 and Class 3 medical examinations conducted by a panel of Class 2 and 3 Medical Examiners respectively.
- (iii) Issue of medical assessment on the fitness/ unfitness/ follow up of review/special medical examination in respect of licence /rating holders with disabilities/ diseases/ temporary unfitness of aircrew.
- (iv) Decide on permanent unfitness/ appeal medical examination cases in conjunction with the office of DGMS (Air) who is the advisor to DGCA on all medical matters.
- (v) Address issues and take a decision on cases of False Declaration made by licence /rating holders on CA-34/34A.
- (vi) Granting No Objection Certificate (NOC) for conduct of delayed/ early/ special (after disease/disability) medicals and on completion of temporary unfit period.
- (vii) Updating and maintaining a panel of Class 1 and Class 2 Medical Examiners including periodic training of examiners on policy matters related to civil aircrew medical examination.
- (viii) Conducting periodic updates to keep the Class 1 & 2 Medical Examiners, Armed Forces and Airline doctors current in

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their knowledge with respect to civil aircrew medical examination.

(ix) Advise civil airline doctors on medical matters and to oversee the implementation of medical policies of DGCA in the civil airlines medical department. The task also entails providing assistance and inputs on medical matters to other directorates of DGCA in formulating policies relevant to their area of concern.

(x) Reply to RTI questions and handling of court cases pertaining to Medical Directorate.

(xi) Perform the duties of medical member of Aircraft Accident/Incident Investigation team formed by DGCA in civil aircraft accident/serious incidents.

(xii) Other tasks/duties as assigned by Director General at DGCA and Director General Medical Services (Air).

(b) Assistant Director (AD)/Operations Officer

(i) Updating and safekeeping of PMR of all civil aircrew.

(ii) Monitoring and keeping a record of receipt of medical examination documents from Air Force Medical Centres as well as from Medical Examiners, followed by merger of medical documents into respective PMR.

(iii) Signing of Medical Assessments based on assessment carried out by the Medical Assessor.

(iv) Change of Personal details i.e. name/date of birth/place of birth and correspondence address.

(v) Ensure that E-payment of DGCA medical examination fee is remitted correctly.

(vi) Administration and Supervision of DGCA Staff posted to Medical Directorate.

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- (vii) Monitoring of receipt and dispatch of all official mail within a given time frame.
- (viii) Regular updating and maintenance of PMR and other official documents.
- (ix) Any other duty assigned by Medical Assessor.

Support Staff

(c) Duties of Section Officer

- (i) Supervision of duties allocated to the DGCA staff.
- (ii) Look after building, electrical, telephone, IT requirements of section and their periodic maintenance.
- (iii) Procure stationery, IT equipment/accessories and ensure its proper distribution.
- (iv) Interact with individuals reporting to Medical Directorate /PMR section and address their issues. Issue of duplicate medical assessment on request, after scrutiny of documents.
- (v) Process cases for amendment in personal details such as 'name/date of birth/place of birth/correspondence address change etc.
- (vi) Address grievances/requests received by post/ e-mail or telephonically and their timely disposal.
- (vii) Maintain office files and office correspondence.
Ensure correct remittance of DGCA medical examination fee.
- (viii) Ensure confidentiality of medical/office documents.
- (ix) Any other duty, assigned by Medical Assessor & Assistant Director/ Operation Officer.

(d) Duties of MTS staff

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- (i) Maintenance & safe custody of PMR.
 - (ii) Merger of medical documents received from Air force/Civil medical centres, Class 1 & Class 2 Medical Examiners in respective PMR correctly.
 - (iii) Maintain record of movement of PMR/Merger documents in compactor.
 - (iv) Place PMR in compactor (after issue of medical assessment) at their respective places correctly.
 - (v) Retrieve/locate PMR for timely dispatch to Air Force Medical Centres.
 - (vi) Ensure that unauthorized persons do not handle PMR.
 - (vii) Ensure confidentiality of medical/office documents.
 - (viii) Any other duty assigned by Medical Assessors & Assistant Director/ Operations Officer/ Section Officer.
- (e) **Data Entry Operator (DEO)**
- (i) To prepare Medical Assessments and observation letters.
 - (ii) Provide file number to newly received Class 1/Class 2 medical documents (including documents received from Banasthali Vidyapeeth).
 - (iii) Ensure confidentiality of medical/office documents.
 - (iv) Any other duty assigned by Medical Assessors & Assistant Director/Operations Officer/Section Officer.
- (f) **Receipt & Dispatch (General)**
- (i) Receipt and dispatch of daily mail pertaining to PMR/medical Directorate.

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- (ii) Timely dispatch of PMR to Air Force Medical centres by speed post/official transport & to maintain their record in the computer.
 - (iii) Receipt and Diary of medical reports from individual/air crew and merger documents from Medical Examiners & Air force/Civil medical centres
 - (iv) Receipt & Dispatch of office correspondence.
 - (v) Handover the documents to concerned officer after entering in the dispatch/file movement register.
 - (vi) Dispatch of Medical Assessment, all observation letters to civil aircrew.
 - (vii) Ensure confidentiality of medical/office documents.
 - (viii) Any other duty assigned by Medical Assessors & Assistant Director/ Operations Officer/ Section Officer.
- (g) Centralized Medical Appointment
- (i) Receive application from individual by hand/e-mail/courier/fax and accord appointment at Air Force Medical Centres on first-come-first serve basis by filling a form placed at **Annexure 'A'**.
 - (ii) Inform individuals about allotted date and Medical Centre along with all relevant instructions by e-mail.
 - (iii) If the individual on being accorded a confirmed appointment wants to cancel it, then he has to intimate medical Directorate by filling a form placed at **Annexure 'B'**.
 - (iv) Prepare Centralized appointment list and dispatch it to respect Air Force Medical Centres on fortnightly basis.

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- (v) Ensure submission of appointment list to Receipt & Dispatch section (PMR) for medical examination at Air Force Medical Centre, at-least 15 days in advance of appointment date.
- (vi) Ensure confidentiality regarding centralized appointment and medical documents.
- (vii) Any other duty assigned by Medical Assessor.

*(*for Appointment through eGCA {e-Governance in Civil Aviation} – Please refer Annexure 'K')*

(h) Medical Assistant

- (i) Issue of letter for temporary/permanent unfitness, appeal & special medical examination.
- (ii) Initiate office correspondence with DGCA & office of DGMS (Air) and maintain correspondence files.
- (iii) Reply to RTI/ Court cases under supervision of DMS/JDMS.
- (iv) Initiate correspondence with Air HQ (VB), New Delhi for obtaining security clearance of aircrew with foreign nationality for conduct of medical examination at IAF boarding centres.
- (v) Issue NOC for delayed/early/special medical examination after a period of temporary unfitness.
- (vi) Re-imburement of Buy Now Pay Later (BNPL) speed post & telephone bills of Air Force Medical Centre.
- (vii) Conduct of workshop/update for Medical Examiners & Airline doctors.
- (viii) Conduct of false declaration medical board and redressal of complaints & grievances.

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(ix) To ensure confidentiality of official mail and medical documents.

(x) Any other duty assigned by Medical Assessor.

1.4 Work Force Evaluation

This Methodology has been prepared to determine the number of Medical Assessors required at medical Directorate in DGCA. Each function at medical Directorate has been considered separately for calculating the number of Medical Assessors required at Medical Directorate. This Methodology will be re-visited periodically to account for aviation growth in aviation sector. A detailed description of methodology is placed at **Annexure 'C'**.

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2. MEDICAL ASSESSMENT

The steps involved prior to the issue of provisional medical assessment (CA-35) after conduct of medical examination of licence/rating holder by Class 1, 2 & 3 MEDICAL Examiners are discussed below-

2.1 Class 2 Medical Examination.

- (a) Conduct of Class 2 medical examination (Initial/ Renewal) by DGCA empanelled Class 2 Medical Examiners. The updated list of Class 2 Medical Examiners is available in the medical section of DGCA website <https://www.dgca.gov.in/digigov-portal/?page=jsp/dgca/InventoryList/personal/medical/class2/class2.pdf>
 - (b) Filling of CA-34/34A & 35 by a candidate (Part 1) & Class 2 Medical Examiner (Part 2) as per the guidelines mentioned in handbook for DGCA empanelled Medical Examiner.
 - (c) Forwarding of completed CA-34/34A & 35 by Class 2/3 Medical Examiner by post to Medical Directorate, DGCA.
 - (d) Receipt of document at DGCA Reception which is further forwarded to Medical Directorate.
 - (e) Receipt of CA-34/34A & 35 at Medical Directorate and
 - (i) In case of Initial medical examination, PMR Number will be allotted and a new PMR will be created
- or**
- (ii) In case of Renewal/Re-initial medical examination merging of received CA-34/34A & 35 will be done in the already existing PMR at Medical Section.
- (f) On receipt of medical examination documents at DGCA, the same will be perused/ approved by Medical Assessors within 08-12 weeks from the date of receipt of documents at DGCA.
 - (g) Perusal of the PMR by Medical Assessor.

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(h) Approval of current medical examination by Medical Assessor on Part 3 of CA-34/34A which is as per the guidelines mentioned in-

- (i) ICAO Manual of Civil Aviation Medicine–2012 (Doc 8984).
- (ii) Annex 1 Chapter 6 of 'Medical Provisions for Licensing'.
- (iii) Civil Aviation Requirements (CAR) Section 7 Series C Part I Issue II – 'Medical Requirements and Examination for Flight Crew Licenses and Ratings'.
- (iv) Existing Aeronautical Information Circulars (AIC) on medical matters available on DGCA website.

Note: *The Medical Assessors of the DGCA Medical Directorate review and audit all (100%) of the medical assessments. The DGCA Medical Assessors make all final decisions regarding the outcome of these medical assessments for Class 1, 2 and 3.*

(j) The decision could be one of the following-

- (i) Fit (with or without limitations)
- (ii) Temporary unfit
- (iii) Permanent unfit

(k) Approval of current medical examination by Medical Assessor.

(l) Auditing of medical examination forms (CA 34/34A) conducted by DGCA empanelled Medical Examiners is elaborated in Sl. No. 5.6 under heading miscellaneous issues.

(m) Printing of Medical Assessment (in 2 copies) manually by Data Entry Operator (DEO) staff in Medical Directorate.

(n) Verification of dates and other details by staff at Medical Directorate.

(o) Signature on Medical Assessment by authorized representative of Medical Directorate, DGGA.

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(p) One copy of Medical Assessment is filed in PMR and other copy posted to licence /rating holder on his/her present postal address as mentioned in CA 34/34A.

2.2 **Class 1 Medical Examination.** The steps involved in the Medical Assessment of Class 1 medical examination are similar to Class 2 medical examination except for the following:-

(a) The Class 1 Initial medical examination can be conducted at IAF or civil boarding centres. The Class 1 renewal medical examination can be conducted at DGCA authorized IAF medical evaluation centres or by any DGCA empanelled Class 1 Medical Examiner. The updated list of Class 1 medical examination centres and Medical Examiners are available on DGCA website.

(b) For DGCA authorized IAF boarding centres, the PMRs of the licence /rating holders are forwarded by speed post to the designated centre where the medical examination is scheduled. PMRs are not forwarded to other IAF centres, civil centres and Medical Examiners. PMR are returned to DGCA by the respective centre by speed post on completion of medical examination.

(c) Filling of CA-34/34A & 35 by Candidate (Part 1) & Class 1 Medical Examiner (Part 2). Security and Confidentiality of Medical Forms and Records of licence holders should be maintained at all time by DGCA Empanelled Class 1 Medical Examiners.

(d) Remaining procedure as described in para 2.1 (d) to (p) are similar as prescribed for Class 2 medical examination.

Note: *The Medical Assessors of the DGCA Medical Directorate review and audit all (100%) of the medical assessments. The DGCA Medical Assessors make all final decisions regarding the outcome of these medical assessments for both Class 1, 2 and 3.*

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2.3 **Class 3 Medical Examination.** Please refer the procedure for Class 3 Medical Assessment for Air Traffic Controller Officers (ATCOs); Issue No. 1, Dated 10 September 2021 (Approved vide DGCA-12023/3/2021-Medical dated 10 Sep 21) placed at **Annexure 'L'** to this PTM.

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3. MEDICAL UNFITNESS

This could be of the following types-

- (a) Temporary Unfitness
- (b) Permanent Unfitness

3.1 Temporary Unfitness.

(a) Temporary unfitness is granted when, during medical examination, a licence /rating holder is detected to have a medical condition which is considered incompatible with flying duties. However, based on the clinical appreciation of the medical condition and provisions of ICAO Manual of Civil Aviation Medicine, it is likely to improve, with or without treatment, to a level which can be considered compatible with flying duties.

(b) Temporary unfitness may be granted by-

(i) Medical Examiner (IAF centre/Civil centre/ Medical Examiner) who may advise a review after an investigation/ treatment/opinion or after a brief period of unfitness.

(ii) Medical Assessor who may advise a review after an investigation/treatment/opinion either at DGCA or at one of the IAF Boarding Centres.

(c) Period of unfitness is specified in weeks along with advice on investigation to be done/ treatment to be undertaken and specialist opinion to be sought before re-evaluation.

(d) After specified period of unfitness, review is conducted only for that medical condition(s) for which the licence /rating holder has been declared temporary unfit by the Medical Examiner. The completed CA-34/34A & 35 is then forwarded to DGCA for evaluation and issue of Medical Assessment by the Medical Examiner.

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- (e) In case there is a delay of more than six months in conducting the review, a complete medical examination is conducted.
- (f) After the medical examination, the candidate or licence /rating holders may be assessed as one of the following-
 - (i) Fit
 - (ii) Fit with limitations
 - (iii) Temporary unfit for a further specified period depending on his/her medical condition.
 - (iv) Permanent unfit.
- (g) Entry in the PMR is endorsed and a Medical Assessment is issued accordingly.
- (h) No licence /rating holder shall carry out any flying or ATCO duties on the basis of medical examination and issue of fitness on CA-35 alone if he/she has been declared fit after a period of grounding/temporary unfitness during previous medical examination. Flying can only be commenced once a final Medical Assessment of fitness with a validity date from Medical Directorate, DGCA is issued.
- (j) The licence /rating holder has a right to appeal when he/she is being declared temporary medically unfit for more than 03 months at a stretch or in aggregate.

3.2 Permanent Unfitness.

- (a) Permanent unfitness is granted when a licence /rating holder, during medical examination is detected to have a medical condition which is considered incompatible with flying duties. Also, based on the clinical appreciation of the disability and provisions of ICAO Manual of Civil Aviation Medicine, it is unlikely to improve, with or without treatment, to a level which can be considered compatible with flying duties.

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(b) Permanent unfitness may be recommended by Medical Examiner or by the Medical Assessor. The facts of the case are deliberated by a Board held at the office of DGMS (Air) comprising of Principal Director Medical Services (Specialists), Director Medical Services (Aerospace Medicine) and Director Medical Services (Civil Aviation)/Joint Director Medical Services (Civil Aviation) on behalf of the DGMS (Air). Cases where Medical Assessor differs from the opinion of Medical Examiner are also referred to this Committee/ Board.

(c) The decision with respect to permanent unfitness is taken based on facts of the case, concerned specialist opinion, ICAO guidelines, DGCA policies and procedures based on CAR/AIC's. Copy of the board proceedings is placed in the PMR of the aircrew. A Medical Assessment is finally prepared and posted by mail to the aircrew.

(d) The candidate or licence /rating holder has a right to appeal against the decision of the permanent unfitness.

3.3 Appeal against Decision of Unfitness

Appeal procedure

(a) The candidate or licence /rating holder declared permanent unfit may appeal to the DGCA for a review of the Medical Assessment within a period of 90 days from the date of applicant having been declared unfit.

(b) The appeal application has to be accompanied with the opinion of two senior/ eminent specialists of the concerned speciality. The specialists may comment on the severity and presence or absence of disability, however fitness for flying duties will only be decided based on the recommendation of medical board at Office of DGMS (Air).

(c) The appeal request shall be addressed to the Director Medical Services (Civil Aviation), Directorate General of Civil Aviation, Medical Directorate, Opposite Safdarjung Airport, New Delhi-110003. The appeal shall be sent by registered post with acknowledgement due or

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may be delivered in person to the Receipt & Despatch Section in the O/o DGCA and individual may obtain a receipt for the same.

(d) In case the opinion of senior specialists confirms the presence of the disability, DMS/JDMS may deny another review to avoid infructuous expense and paper work.

(e) The appeal must be accompanied by all documents in original obtained by the applicant from reputed medical institutions/ specialists clearly certifying the presence or absence of the disability, with specific reference to the cause of unfitness stated in the Medical Assessment issued by the Office of the DGCA. The medical practitioner/ specialist certifying the fitness in such a case should give sound reasons justifying his/her opinion. Reports of the medical examination and results of investigations, in original, must be attached with the documents. For a particular disability, the personal opinion of a senior specialist does not change the disposal/fitness status of licence /rating holder during perusal of documents at DGCA. The presence or absence of a disability is the only finding the specialist is expected to opine upon and not the fitness for duties.

(f) Once perused at DGCA, the appeal shall be referred to office of DGMS (Air). DGMS (Air) may recommend an appeal/review medical examination at a designated Air Force boarding centre and may also ask for any such investigation/report or opinion of any specialist to determine the fitness of the applicant. If the medical review (appeal medical) is accepted, it shall be carried out at the centre specified for the purpose. The fresh medical examination reports will be considered to assess the medical fitness of the candidate. The result thereof shall be intimated to the office of the DGCA and the final assessment shall be issued accordingly by DGCA.

(g) Cases of False Declaration on CA-34/34A can also be declared permanently unfit if recommended by the false declaration board after interviewing the candidate or licence /rating holder. Their disposal is discussed in para 5.

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4. SELECTION PROCEDURE FOR MEDICAL EXAMINERS

4.1 Class 2 Medical Examiners.

(a) Class 2 medical examination can be carried out by the following:-

(i) All authorized Class 1 Medical Examiners & Examination Centres (except Dr Balabhai Nanavati Hospital, Mumbai & Apollo Heart Centre, Chennai).

(ii) All DGCA approved Class 2 Medical Examiners, who are practitioners of modern medicine and having a minimum of MBBS qualification and registered with the Medical Council of India and who have received the approved training in the subject of Aviation Medicine at IAM, Bangalore.

(b) Selection Process

(i) Information regarding empanelment shall be made available in the 'Public Notice' section of the DGCA website. (The notification would be published every year, based on the requirement)

(ii) In response to the notification, persons desirous of being empanelled as Class 2 Medical Examiners by DGCA for conducting Class 2 Initial and Renewal medical examination shall apply on plain paper to Director Medical Services (Civil Aviation), Directorate General of Civil Aviation, Medical Directorate, Opposite Safdarjung Airport, New Delhi-110003.

(iii) The envelope shall be super scribed 'Application for Class 2 Examiner'. Application by e-mail/Fax shall not be accepted. Candidates should ensure that all requirements mentioned have been fulfilled.

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(c) Professional Interview

(i) Applicants fulfilling qualifications and experience requirements specified above shall be called for a professional interview for empanelment as Class 2 Medical Examiner by DGCA. A selection board at DGCA will be constituted which will comprise of representatives of DGCA, DGMS (Air) and DMS (CA).

(ii) Applicants shall be expected to have adequate awareness of provisions regulating the Class 2 Initial & Renewal medical examination including knowledge of relevant CARs, AIC's and ICAO Standards and Recommended practices.

(iii) Applicants are expected to make their own travel arrangements for attending the interview.

(d) Approval

(i) On completion of successful interview, Class 2 Medical Examiners will be empanelled for a period of 3 years which may be extended for a further period of three years at a time, subject to re-assessment.

(ii) The decision in this regard will be taken by DGCA.

(e) Medical Facility

(i) The medical facility shall have an office for the Medical Examiner with a telephone, internet and FAX connection (for the purpose of according appointments /interactions with candidate and DGCA).

(ii) The medical facility shall have place for conduct of medical examination and filling up of necessary forms by the candidate.

(iii) The medical facility may be either owned or taken on rent by Medical Examiner.

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Note- In case Medical Examiner is using the medical facility of a renowned hospital then NOC from the hospital permitting to use their facility for conduct of medical examination during the period of empanelment shall be submitted to DGCA.

(iv) Class 2 Medical Examiner may choose to conduct the entire medical examination him/herself or co-opt other specialists/hospitals/institutes for conduct of ENT or Ophthalmology examination, ECG, Laboratory tests etc.

(v) The responsibility for conduct of entire medical examination shall be on the Class 2 Medical Examiner who is to ensure that the medical examination is conducted comprehensively complying with ethical practices. Simultaneously, the Medical Examiner should make the co-opted specialists aware of the significance of aviation medical examination and its implications. Names of co-opted specialists shall have to be disclosed by the Medical Examiner.

(vi) The medical facility should have availability of a female attendant who should be present during conduct of medical examination of all female candidates.

(f) Extension of approval

(i) Class 2 Medical Examiners may apply for extension to DGCA after completion of two and half years.

(ii) For extension, the Class 2 Medical Examiner should have attended at-least one physical & two e-workshops conducted by DGCA in the previous 3 years. This would also help them in updating their knowledge regarding Aviation Medicine and recent policies/guidelines of DGCA on medical matters. There should be no case of proficiency related matter or professional misconduct against the Medical Examiner during the period of empanelment.

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(iii) The application for extension shall be assessed by a Board of Officers consisting of representative from DGCA, PDMS(S) & DMS(CA) which shall be approved by DGCA based on the recommendations of DGMS (Air).

(iv) Experience of 01 week training in Aviation Medicine will be considered for extension of Empanelment of Class 2 Medical Examiners who were empanelled before September 2018.

(g) Conduct of Medical examination

The following steps will be followed by the Class 2 Medical Examiners for conduct of Class 2 Initial/Renewal medical examination-

(i) Accord of appointment. Based on the contact details of the examiner on the DGCA website, prospective aircrew shall contact the examiner telephonically or by e-mail. In case of Class 2 Re-initial/Renewal medical examination, the Medical Examiner shall grant an appointment after verifying that the medical is not due at IAF Boarding Centre by virtue of specific annotation on Medical Assessment issued by DGCA/age related medical/history related medical examination.

(ii) PMR from DGCA. The PMR shall not be dispatched for Re-initial/Renewal medical examination conducted by Class 2 Medical Examiners. The candidate must carry a copy of the last medical assessment issued by DGCA, if applicable.

(iii) Documentation. The filling up of form CA-35/34/34A by the candidate shall be in the presence of Class 2 Medical Examiner with a specific reference to history and consequences of withholding relevant information. The identity of the candidate must be positively established at all times, specifically during conduct of investigations. The name and age of the candidate can be confirmed with Class X certificate which is required to be produced prior to medical examination.

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(iv) Fee. The Class 2 Medical Examiner may collect reasonable charges for specialist consultation(s), administrative and postage/ handling charges.

(v) Investigations. The mandatory investigations required for initial Class 2 medical examination are specified as follows-

- (aa) Blood – Hb, TLC, DLC
- (ab) Urine - RE/ME
- (ac) X-Ray Chest (PA View)
- (ad) Pure Tone Audiometry (PTA)
- (ae) ECG (R)

Additional test may be advised by Medical Examiner based on findings during clinical examination. Investigations will be done at any NABL/NABH accredited laboratory and at DGCA approved Air Force Medical Centre. The laboratory will always establish the identity of the candidate and endorse the same on CA-34/34A. The Class 2 Medical Examiner shall give a request for investigation to the candidate. The candidate would carry the investigation reports and handover the same to Class 2 Medical Examiner. These reports will then be duly authenticated by Medical Examiner.

(vi) Eye & ENT examination. The Class 2 Medical Examiner may conduct the medical examination themselves or can get it done by a co-opted specialist in Eye/ENT.

(vii) General Medical examination & filling of necessary forms CA-34/34A/35. This has to be done by the Class 2 Medical Examiner. A copy of CA-35 is to be handed over to the candidate with disposal of fitness/unfitness after conduct of medical examination. The CA-35 should be duly signed by the candidate in presence of Medical Examiner.

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(viii) Dispatch of CA-34/34A/35 to DGCA. The completed CA-34/34A & 35 along with all investigation reports, in original, should be dispatched by post to medical Directorate. The documents should be arranged in the following order-

(aa) CA form 35

(ab) CA form 34/34A

(ac) Self attested copy of Class X Certificate as proof of name and date of birth. If date of birth is not mentioned on Class X certificate then self-attested copy of date of birth certificate issued by Municipal Corporation may be accepted (for Initial/Re-initial medical examination only).

(ad) All Investigations mentioned in para 4.1 (g) (v) in the same order

(ae) Any other investigations reports, if applicable.

(ix) The documents are to be dispatched to Medical Directorate, DGCA and a record of the same should be maintained by Class 2 Medical Examiner. The envelope shall not be folded and shall be superscribed 'Class 2 medical examination report (Initial/Renewal)'.

(x) Records. A copy of the CA-34/34A & 35 and investigation reports shall be maintained by the Class 2 Medical Examiner in hard and/or soft copy for a period of minimum three years. Class 2 Medical Examiners must ensure confidentiality of medical documents.

(xi) Reports and Returns. A month wise summary of medical examination conducted shall be forwarded to DMS(CA) in the format provided by Medical Directorate, DGCA on a quarterly basis.

(xii) Unfit cases & Incomplete Medicals. CA-34/34A and 35 of cases which are declared unfit or where the medical examination

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is not completed are also to be forwarded to DGCA with recommendations. Cases of unfitness shall be intimated to/discussed with DMS(CA) at DGCA. Review medical examination after a recommended period of unfitness shall be conducted at IAF Baording Centre only.

(h) General Instructions.

(i) Medical Examiners should ensure that candidates holding a Class 1 medical assessment cannot undergo a Class 2 medical examination.

(ii) CA 34/34A/35 forms required by Medical Examiners and other reference material for the conduct of medical examination other than the ones prescribed in handbook are uploaded on DGCA website.

(iii) Professional disputes arising during the conduct of medical examination by Class 1 Medical Examiners shall be resolved by DGMS (Air), who may take up the matter with DGCA.

(iv) Medical Examiners are required to attend one physical workshop and two E-workshops organized by DGCA in a period of three years to update their knowledge regarding Aviation Medicine and Policies/ Guidelines of DGCA on medical matters.

(v) DGCA may carry out audit of all Medical Examiners including record maintenance.

(vi) Class 2 Medical Examiner empanelment may be withdrawn by DGCA temporarily or permanently depending on nature of professional misconduct/proficiency related issues. Such decisions would be vetted at DGMS (Air) and DGCA.

(vii) Class 2 Medical Examiner who joins Air Force, Army, Navy or any airlines as an airline doctor will be disempanelled from approved panel of Class 1 Medical Examiners.

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(viii) Class 2 Medical Examiner may carry out tele-consultation on administrative/professional aspects with DMS/JDMS(CA) between 1100h and 1730h, at +91-11-24610629 at DGCA or through e-mail at doctor.dgca@nic.in.

4.2 Class 1 Medical Examiners.

(a) The professional, experience and facility requirements for selection as Class 1 Medical Examiners are specified in CAR Section 7 Series C Part III Issue I – ‘Empanelment of Medical Examiner for Conduct of Class 1 Medical Examination’ dated 23 Jun 17.

(b) Selection Process.

(i) Information regarding empanelment shall be made available in the ‘Public Notices’ section of the DGCA website. The notification would be published every year based on the requirement.

(ii) In response to the notification, doctors desirous of being empanelled as Class 1 Medical Examiners by DGCA for conducting Class 1 renewal and Class 2 initial and renewal medical examination shall apply on plain paper to Director Medical Services (Civil Aviation), Directorate General of Civil Aviation, Medical Directorate, Opposite Safdarjung Airport, New Delhi-110003.

(iii) The envelope shall be superscribed ‘Application for Class 1 Medical Examiner’. Application by e-mail/Fax shall not be accepted. Applicants should ensure that all requirements mentioned have been fulfilled.

(c) Professional Interview

(i) Applicants fulfilling qualifications and experience requirements as specified above, shall be called for a professional interview for empanelment as Class 1 Medical Examiners by DGCA. A Board of Officers will be constituted

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comprising of a DGCA officer, two representatives of DGMS (Air) and DMS(CA).

(ii) Applicants shall be expected to have adequate awareness of provisions regulating the Class 1 & 2 medical examination as per Standard and Recommended practices of ICAO including knowledge of relevant Civil Aviation Requirements (CARs) and Aeronautical Information Circulars (AICs).

(iii) Applicants are expected to make their own travel arrangements for attending the interview.

(iv) Applicants recommended by the Board of Officers shall be required to make their medical facility available for inspection within one month of interview.

(d) Assessment of Medical facility

(i) Class 1 Medical Examiner shall be permitted to operate from one medical facility only.

(ii) The medical facility shall have an office for the Medical Examiner with a telephone connection, internet facility and Fax (for the purpose of according appointments/interactions with aircrew/DGCA).

(iii) The facility shall have place for conduct of medical examination and filling up of necessary forms by the candidate.

(iv) The medical facility may be either owned or taken on rent by Medical Examiner.

Note: In case Medical Examiner is using the medical facility of a renowned hospital then No Objection Certificate (NOC) from the hospital permitting to use their facility for conduct of medical examination during the period of empanelment shall be submitted to DGCA.

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(v) Class 1 Medical Examiner may choose to conduct the entire medical examination by him/herself or co-opt other specialists/hospitals/Institutes for consultation, laboratory tests and other relevant investigations.

(vi) The medical facility should have availability of a female attendant who should be present during conduct of medical examination of all female aircrew/candidates.

(vii) The responsibility for conduct of entire medical examination shall be on the Class 1 Medical Examiner who is to ensure that the medical examination is conducted comprehensively complying with ethical practices. Simultaneously, the Medical Examiner should make the co-opted specialists aware of the significance of aviation medical examination and its implications. Names of co-opted specialists shall have to be disclosed by the Medical Examiner.

(viii) The initial inspection of the facility shall be conducted as per Checklist mentioned in CAR Section 7 Series C Part III Issue 1 – Empanelment of Medical Examiner for conduct of Class 1 Medical examination dated 23 Jun 17 by DMS (CA) or Senior Medical Officer/ Aviation Medicine Specialist nominated by DGMS (Air). The inspection shall include inspection of co-opted facilities also.

(e) Approval. On completion of successful interview and inspection, Class 1 Medical Examiners are empanelled for a period of 3 years which may be extended for a further period of three years at a time, subject to re-assessment.

(f) Extension of approval

(i) Class 1 Medical Examiners may apply for extension to DGCA after completion of two and half years.

(ii) For extension, the Class 1 Medical Examiner should have attended at-least one physical workshop and two E-workshops

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conducted by DGCA in the previous 3 years. There should not be any case of proficiency related matter or professional misconduct against the Medical Examiner during the period of empanelment.

(iii) Inspection of medical facility shall be done prior to grant of extension of Class 1 Medical Examiner status and as and when felt necessary by DMS (CA).

(iv) The application for extension shall be assessed by a Board of Officers comprising of representative from DGCA, PDMS (S) & DMS (CA). Based on the recommendations of DGMS (Air), the same shall be approved by DGCA.

4.3 Class 3 Medical Examiner.

(Refer Civil Aviation Requirements, Section 7 – Flight Crew Standards, Training and Licensing Series C Part I, Issue II Dated 12th October 2017

Class 3 renewal medical examination will be carried out by DGCA empanelled Class 3 medical examiners. There will be no separate empanelment procedure for Class 3 medical examiners. The existing DGCA empanelled Class 1 medical examiners and Class 2 medical examiners (who have more than 3 years of experience as DGCA medical examiner) shall be nominated as Class 3 medical examiners and their list will be published on the website.

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5. MISCELLANEOUS ISSUES

5.1 False Declaration on CA34/34A

(a) Certain candidates or licence /rating holders may be declared permanently unfit on account of false declaration in Part I of the CA-34/34A. Providing false information/deliberately hiding information with a malicious intent may result in a candidate or licence /rating holder being declared permanently unfit. Further legal/disciplinary action, as defined in Rule 39A, Para 1(e) of the Aircraft Rule 1937 and Rule 109, Para 1(d) and 1(e) of the Aircraft Rule 1937 which are described as under, may be initiated-

Rule 39A, Para 1(e) "Disqualification from holding or obtaining a licence – (1) Where licensing authority is satisfied, after giving him an opportunity of being heard, that any person who... (e) has obtained the licence, rating, aircraft type rating or extension of aircraft type rating, or renewal of any of them, by suppression of material information or on the basis of wrong information

Rule 109. Disqualification from holding or obtaining a licence.(1) Where the licensing authority is satisfied, after giving him an opportunity of being heard, that any person (d) has obtained the licence or rating, by suppression of material information or on basis of wrong information, or (e) has unauthorisedly varied or tampered with the particulars entered in a licence or rating or any other relevant document,

(b) Candidates and licence /rating holders are advised to carefully read the declaration in CA-34/34A, prior to signing it, during medical examinations.

(c) On appeal in case of being declared permanently unfit under Rule 39 A or 109 as above, such candidates are referred to a Committee/Board of Officers at DGCA which has representative from DGMS (Air) and DG CA apart from DMS (CA).

(d) The constituted Committee/Board of Officers meets at Medical Directorate and hears the plea of candidate or licence /rating holder.

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(e) Based on the merits of each case, a decision is taken by the Committee/Board of Officers whether to accept or deny the individual's plea. Administrative action is then taken accordingly.

(f) In all such cases where appeals are filed, speaking order shall be passed by DMS(CA) based on the recommendations of the Committee/Board of Officers set up for such purposes. The same is then conveyed in writing to the candidate or licence /rating holder.

5.2 No Objection Certificate (NOC)

As per Rule 39(C) and Rule 104 of Aircraft Rule 1937, renewal of Medical Assessments shall be conducted within a period of not more than thirty days preceding the date of expiry of the previous validity. The candidate or licence /rating holder who fails to renew his/her medicals within the stipulated period or wants to undergo renewal medical examination early, shall send a request as per relevant performa (**Annexure 'D' or Appendix 'B' to Annexure 'L'**) for the approval of DMS/JDMS (CA)
*(*For eGovernance in Civil Aviation – Please refer Annexure 'K').*

As per Rule 42 of Aircraft Rules 1937, candidate/aircrew who is sick or have sustained injury involving incapacity for a continuous period of fifteen days or more, and as per Rule 106 of Aircraft Rules 1937, ATCO licence or rating holder who is sick or have sustained injury involving incapacity for a continuous period of twenty days or more, then he/she shall undergo special medical examination at IAF Boarding Centres or DGCA empanelled Medical Examiner. Request for NOC for conduct of special medical examination describing the disability/cause is to be forwarded to Medical Dte at DGCA. In case licence /rating holder is employed with an airline or company, the airline/company doctor should submit a brief history commenting upon disability, treatment, period of sickness, cure certificate from concerned treating specialist and fitness for flying duties.

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- (a) NOC application in the format prescribed shall be sent by the individual through e-mail, post or by hand.
- (b) On receipt of the NOC application, it will be verified for the following-
 - (i) Confirmation of medical appointment date mentioned by the licence /rating holder.
 - (ii) Validity of Medical Assessment.
 - (iii) Reason for issue of NOC.
- (c) After verification, NOC shall be approved. NOC application, which does not meet the criteria mentioned above shall be rejected and the licence /rating holder will be intimated accordingly.
- (d) The medical NOC, once approved is not transferable. NOC is valid for a particular day and for single appointment only.

5.3 Previous Medical Record (PMR)

The PMRs of licence /rating holders are kept in safe custody in the PMR Section of DGCA. Their upkeep and maintenance is the responsibility of staff from Medical Directorate. The following step wise actions are undertaken at DGCA with respect to PMR-

- (a) Creation of PMR and allocation of PMR number.
 - (i) On receipt of the documents of medical examination (usually a Class 2 or 3 Initial medical examination for fresh candidates or Class 1 Initial medical examination for serving officers of Armed Forces), PMR is created at DGCA Medical Directorate.
 - (ii) A verification is done to rule out whether there is another PMR generated on individual's name. In case another PMR exists, then CA-34/35 is merged with the old PMR.
 - (iii) A record of newly allotted PMR number is maintained at Medical Directorate.

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(iv) All PMRs are allotted specific numbers, for example 1-1234/2018-L-2, where 1234 is the PMR number for the current year i.e. 2018. Here, 2018 denotes the year when PMR number was allotted. Thus, it helps in quick identification of records of a particular licence /rating holder. The other numbers and figures are constant for all. Foreign aircrew holding a temporary authorization to fly in India with Foreign Aircrew Temporary Authorization (FATA) license, the year in PMR is replaced by 0000 for example 1-1234/0000-L-2.

(v) Thus, for all future correspondence, same PMR number is used by all directorates at DGCA.

(b) Forwarding of PMR to IAF Medical Boarding Centres.

Based on written request from the licence /rating holder, PMR's are dispatched to IAF Medical Boarding Centres only. The following steps are involved-

(i) PMRs are retrieved from the compactor room and verification of each PMR is carried out to ensure correct number and its completeness in all respect.

(ii) PMRs are then segregated based on boarding centre where the appointment for medical examination of candidate or licence /rating holder is accorded.

(iii) They are then placed in special bags along with a list of the PMR. The bags are then dispatched to the respective IAF Boarding Centres by speed post.

(iv) Tracking of speed post is done to ensure that the PMR bag is received by the IAF Boarding Centre as per schedule.

(v) A record of dispatch of PMR is maintained at medical Directorate. Licence /rating holders are also advised to cross check receipt of PMR by IAF Boarding Centre at-least a week prior to date of their medical appointment.

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(c) Receipt of PMR from IAF Boarding Centres.

Once medical examination is completed at IAF Boarding Centre, PMR is then dispatched back to DGCA. On receipt of PMR at DGCA, following actions are undertaken-

- (i) PMR bags are checked for any external damage/opening.
- (ii) PMR is tallied from the accompanying list in the bag. If any discrepancies are observed, then it is immediately intimated to concerned IAF Boarding Centres.
- (iii) PMR handling staff ensures that receipt of PMR is recorded. These are then put up to DMS/JDMS for approval

(d) Processing at Medical Directorate

The processing and approval of medical documents is done as per laid down procedure for fit/unfit cases.

(e) Re-submission to PMR Directorate (Compactor Room)

PMR with latest Medical Assessment are handed over by MTS staff of Medical Directorate to PMR Directorate for preserving them at a designated place in the compactor room.

5.4 Medical examination of Serving Armed Forces Aircrew.

Medical examination in respect of serving Armed Forces aircrew is governed vide Flight Crew Licensing Circular (FCL) 01 of 2017 titled 'General Instructions for Conduct of Class 1 Medical Examination' available on DGCA website.

5.5 Medical Examination of Foreign Aircrew.

Foreign Aircrew who wish to fly in India under Foreign Aircrew Temporary Authorization (FATA) license will be governed as per the regulations issued from time to time.

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5.6 Procedure for Issuance of Medical Assessment.

All medical examination forms (CA 34/34A & 35) received from DGCA empanelled Medical Examiners/Examination Centres shall be evaluated by the Medical Assessor, before issuing a Medical Assessment. The procedure is as detailed below-

- (a) The Medical examination forms received from various DGCA Empanelled Air Force Centres/ Medical Examiners will be scrutinized by DMS/JDMS.
- (b) If any discrepancy is observed in the CA 34/34A examination forms, then the forms will be returned to the concerned examination centres/Medical Examiners with an observation letter for reconciliation.
- (c) In case of requirement of any additional investigations, the licence /rating holder shall be intimated through a letter/e-mail or telephonically for submission of the documents at the earliest to the Medical Directorate, DGCA.
- (d) Once the evaluation is satisfactory, Medical Assessment shall be issued.

5.7 Surveillance of Medical Examiners/Medical Examination Centres.

- (a) The initial inspection of the medical facility where the Medical Examiner conducts medical examination is carried out as per the check list (**Annexure 'E'**)
- (b) To ensure that the medical examinations are conducted in the prescribed manner, unannounced inspections of the Medical Examiners, their medical facilities and their record-keeping practices will be conducted annually utilizing **Annexure 'E'** in addition to the inspections required during the initial and recurrent empanelment periods. The Chief Medical Assessors of the DGCA Medical Directorate will create a yearly, risk-based surveillance plan for Class 1, Class 2 and Class 3 Medical Examiners following the format set out in **Annexure 'J'**. The format in **Annexure 'J'** allows the Chief Medical

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Assessor to plan for unannounced inspections of Medical Examiners by year, month and region. As a part of the surveillance process, at least 15% of Class 1 and Class 2 Medical Examiners will be inspected annually. This inspection will include surveillance of the Medical examination facilities, a Medical Examiner carrying out his/her duties and the method of record-keeping that is carried out by the Medical Examiner. In order to ensure that the DGCA Medical Directorate aligns with the DGCA wide process of conducting risk-based surveillance, the DGCA Medical Directorate will follow a risk-based approach in order to prioritize which 15% of the Medical Examiners will undergo surveillance each year. Because the DGCA Medical Assessors complete final sign-off of all medical assessments conducted by empanelled Medical Examiners, the DGCA Medical Assessors will take into account the following risk factors in prioritizing Medical Examiners for scheduling-

- (i) Incomplete or improperly completed medical documentation.
 - (ii) Past or noted discrepancies concerning the Medical Examiner.
 - (iii) Past or noted complaints or comments concerning the Medical Examiner or relevant facilities.
 - (iv) Past or noted discrepancies concerning the Medical Examiner's record keeping practices.
 - (v) Number of assessments carried-out per year, relative to colleagues in the region.
- (c) In addition to using the above risk factors to prioritize audits of Medical Examiners with whom deficiencies have been noted, the DGCA Medical Directorate will randomly select Class 1 and 2 Medical Examiners for surveillance in order to meet the 15% annual evaluation requirement.

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(d) Based on these factors, the DGCA Medical Assessor will prioritize, which empanelled Medical Examiners will be audited in a given year and fill out **Annexure 'J'** accordingly.

(e) The DGCA Medical Assessor will continue to note deficiencies and track any risk factor noted throughout the year in order to determine the schedule for all subsequent surveillance of empanelled Class 1 and 2 Medical Examiners. The annual surveillance plan is prepared by the DGCA Medical Assessor prior to the start of the following calendar year which is approved by DGCA.

Note: In accordance with the DGCA Enforcement Policy, administrative action will be taken against those Medical Examiners who do not follow established procedures or whose medical facilities or record keeping practices are found to be deficient.

5.8 Enforcement Policy

(a) With Enforcement Policy & Procedure Manual of DGCA, the Medical Directorate plays a vital role in the discharge of its responsibility for safety oversight of the operators functioning under its jurisdiction and promotes the goal of improved aviation safety by encouraging voluntary compliance with the provisions of the Aircraft Act, the Aircraft Rules and the directions issued under these statutes. It encompasses that DGCA may initiate investigation of alleged violations of these legislations / directions, as and when necessary.

(b) For implementation of safety management system, DGCA shall have an equitable and discretionary enforcement approach in order to support SSP-SMS framework.

(c) A procedure is laid down to record the enforcement action taken in respect of DGCA Empanelled Medical Examiners/ Examination Centres by DGCA. Such actions are taken by Medical Directorate, DGCA under following circumstances:-

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- (i) When the DGCA Medical Examiner/Examination Centre does not follow proper procedures during conduct of medical examination as per the laid down guidelines.
 - (ii) Any professional misconduct or proficiency related issue.
 - (iii) During unannounced surveillance of Medical Examiner/ Examination centre by Medical Assessor, when a discrepancy noted and brought to notice of Medical Examiner/Examination Centre is not corrected within a reasonable period of time, as determined by the DGCA Medical Directorate.
- (d) The procedure to be followed is as under-
- (i) If there is any discrepancy observed in the form (CA–34/34A/35) on which medical examination is conducted by DGCA Empanelled Medical Examiners, the Medical Examiners will be notified by Medical Directorate, DGCA through a letter.
 - (ii) If any Medical Examiner in spite of observation raised against him is not taking corrective action, then he/she may be issued with Caution/Warning Letter by DMS (CA).
 - (iii) In case the compliance to instructions is still wanting or unsatisfactory in spite of issue of Caution Letter or if there is any lapse of a serious nature that may affect flight safety or any other disciplinary issue, then he/she shall be served with Show Cause Notice by DGCA, seeking explanation for such lapse.
 - (iv) An administrative action, as deemed appropriate, will be taken by Director General, CA in exercise of the power under rule 19 of Aircraft Rule 1937.

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6. TRAINING PROGRAM

In the training curriculum, subjects of regulatory functions and specialised areas have been dovetailed in order to provide overall knowledge to an officer to meet the intent of the following objective:-.

- (a) Instil knowledge and ethics regarding overall functioning of DGCA and regulatory framework.
- (b) Familiarise with authenticated knowledge, procedure and practices required at various level of functioning.
- (c) Bring the knowledge and understanding of officers into common standard.
- (d) Orient the officers towards their functioning in specific area of work.
- (e) Enable the officers to take various decisions in their area of work.
- (f) Make the officers to be aware with best international practices followed by other regulatory authorities in dealing with medical related matters.
- (g) Provide guidance for documentations and record keeping.
- (h) Optimize resources and management of work.
- (j) Apply theoretical knowledge into practices through Hands-on training and case study.
- (k) Develop skill and confidence through structured "On Job Training" (OJT) so as to enable the officers to work independently.
- (l) Create a sense of empowerment within officers.
- (m) Improve the overall personality of officers.

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6.1 Medical Assessor

The Medical Assessors are medical doctors normally trained by Indian Air Force. These Medical Assessors have received specialised training in aerospace medicine. The medical assessors are aerospace medicine specialist with a MD in Aerospace Medicine and which is recognised by Medical Council of India. Besides this, medical officers from Indian Air Force can also be posted as Medical Assessors who have undergone training courses organized by Institute of Aerospace Medicine, Indian Air Force.

In order to ensure that the Medical Assessors in DGCA are able to meet the requirements of Civil Aviation Industry with respect to Medical Standards and Practices, an internal training shall be provided as per training requirements detailed in DGCA Training Policy.

- (a) The training program for Medical Assessors shall contain-
 - (i) Induction Training
 - (ii) On-job training
 - (i) Induction Training. The newly posted Medical Assessors shall be provided an induction training to enable him/her to get a general understanding about the organization, its vision and mission and acquire necessary competencies required for performing their job. This training will be provided by the medical assessor who has the experience of working in medical Directorate of DGCA and holds the appointment of DMS/JDMS.
 - (ii) On Job Training (OJT). The newly posted Medical Assessors will be provided on the job training by DMS/ JDMS at Medical Directorate, DGCA which will enable them to handle the responsibilities independently. A Medical Assessor is required to satisfactorily complete the OJT which would enable him/her to function independently. OJT is planned training conducted at a work site by DMS/JDMS as mentioned above. This type of training provides direct experience in the work environment in

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which the Medical Assessor is performing or will be performing on the job. As a part of the skill development process, Medical Assessors are required to undergo OJT before they are assigned with independent work. An OJT record (**Annexure 'F'**) duly signed by the OJT trainer shall be placed in the individual dossier/ record folder.

For the purpose of OJT, a trainee Medical Assessor should be attached with a senior experienced Medical Assessor (trainer) who will help him/her to learn skills and process through providing instructions or demonstration (or both). The trainer acts as a guide and explains the task/procedure to the trainee assessor followed by demonstrating it. The trainee then carries out the task, while the trainer observes him/her. Once the trainer is convinced that the trainee is competent, he/she may allow the trainee to carry it out independently under his/her supervision. After such successive exercise the trainee should be issued with the certificate enabling him/her to carry out the task independently without supervision. Certificate issued in respect of OJT completion of each task should be kept in the training dossier of medical assessor. In the process of OJT the trainee medical assessor should undergo job rotation so as to ensure that he/she gains complete overview of activities of the office he/she is attached to.

Once the induction training and on-the-job training is completed, a letter will be issued by office of DGCA signed by competent authority of DGCA, authorizing the newly posted Medical Assessor to work in Medical Directorate, DGCA independently.

(b) Nomination of Medical Assessors for training.

DMS/JDMS shall be responsible for nomination of Medical Assessors for the training which is conducted by DGCA and should

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also provide all necessary assistance to the participating medical assessors as required, for smooth completion of training.

(c) **Implementation of OJT program.**

DMS (CA)/ JDMS (CA) shall function as principal on Job Training Program Coordinator for individuals working in medical Directorate of DGCA.

(d) **Training files and records.**

All training completed by a Medical Assessor will be documented in his/her training file. Assessors who complete a formal external or in-house training course will receive a 'Certificate of Completion' which will be attached to their training file (Physical File). A sample format Master list of Medical Assessor is attached as (**Annexure 'G'**) to DGCA training policy.

6.2 Class 2 Medical Examiners

(a) **Initial Training.**

(i) The initial training of civil doctors who are willing to get empanelled as Class 2 Medical Examiners is conducted by a premiere institute of Indian Air Force namely, Institute of Aerospace Medicine (IAM), Bangalore. This is a mandatory course of two weeks duration which is held only at IAM, Bangalore. The course curriculum, admission, fee, administrative arrangements for the course are maintained/updated by IAM, Bangalore.

(ii) Doctors who have undergone other recognized Aviation Medicine courses at IAM, Bangalore of greater duration than the above courses (like the Introductory Aviation Medicine Course, Primary Aviation Medicine Course, Advance Course in Aviation Medicine, Diploma Aviation Medicine, MD Aviation/ Aerospace Medicine) shall also be considered as qualifying for the purpose

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of empanelment of Class 2 Medical Examiners (subject to meeting other requirements).

(b) Recurrent Training. Regular recurrent training of Class 2 Medical Examiners is being conducted by DGCA in the following format-

(i) E-workshop. The E-workshop is held twice a year. Information about the conduct of workshop is forwarded to all Class 2 Medical Examiners through DGCA website and individually by e-mail. The Medical Examiners are advised to register for the workshop. Power Point presentations are e-mailed to the participants a week prior to the workshop. On the day of workshop, an evaluation is carried out based on MCQ's related to civil aircrew medical examination through e-mail. Clarifications, if any, are provided telephonically and by e-mail. A feedback is also sought from participants. A participation certificate is later dispatched to all successful participants. No fee is charged to participants.

(ii) Physical Workshop. Physical workshop is organized every year either at Delhi or Bangalore. The workshop comprises of lectures by concerned specialists from IAF Medical Boarding Centres and Medical Assessors from DGCA HQs. On completion of workshop, a participation certificate is handed over to all participants.

Note:

(a) CAR Section 7 Series C Part 1 mandates the requirement for Class 2 Medical Examiners to attend the workshop. A record of workshop attended by Medical Examiners is maintained at medical Directorate, DGCA (**Annexure 'H'**).

(b) Class 2 Medical Examiners are also permitted to conduct Cabin Crew medical examination.

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6.3 Class 1 Medical Examiners

(a) The conduct of initial and renewal Class 1 medical examination is necessary for holders of commercial licenses and ratings and is conducted as per provisions of CAR Section 7 Series C Part 1.

(b) Class 1 medical examination is carried out by-

(i) IAF Class 1 Boarding Centres. IAF has identified its medical establishments across the country which conducts the Class 1 medical examination for holders of licenses and ratings. Few of these centres conduct initial medical examination in addition to renewal medical examination while the remaining centres carry out renewal medical examination only for holders of commercial licenses.

(ii) Civil Class 1 Initial Medical Boarding Centres. Among Civil hospitals, Dr Balabhai Nanavati Hospital, Mumbai and Apollo Heart Centre, Chennai are empanelled by DGCA to conduct Class 1 Initial Medical examination.

(iii) Class 1 Medical Examiners. Doctors with essential qualification, competence and facility have been empanelled to conduct Class 1 renewal medical examination (CAR Section 7 Series C Part 1 Issue III).

(c) Initial Training. The initial training of Medical Examiners at Class 1 Medical examination Centers is carried out as follows:-

(i) IAF Class 1 Medical Examination Centres. The IAF centres have been conducting Class 1 medical examination since several years. The knowhow is transferred to new incumbent medical officers in these medical examination centres by interpersonal interaction and also by way of experience gained over a period of time in conduct of medical examination during active service in IAF. These Medical Examiners also attend various Continuing Medical Programs (CME) organized by IAF and workshops conducted by DGCA from time to time.

PROCEDURE & TRAINING MANUAL

(ii) Civil Class 1 Initial Medical Examination Centres. President, Medical Board who is also a DGCA empanelled Class 1 Medical Examiner is trained in conducting the initial medical examination. He in turn ensures proper conduct of medical examination at medical examination centres.

(iii) Class 1 Medical Examiners. The initial training for Class 1 Medical Examiners would be conducted as a one day training at Class 1 Medical Examiners medical facility on as and when required basis.

(d) Recurrent Training

Recurrent Training for Class 1 Medical Examiners, IAF medical officers and Civil Class 1 medical examination centres, is held regularly in form of physical workshop and a record of the same is maintained at medical Directorate, DGCA.

Contents of Workshop for Class 1, Class 2 & Class 3 Medical Examiners.

Topics that are covered in the workshop, generally include the following-

- (a) Procedure of conduct of Medical examination.
- (b) Administrative aspects and update on policy changes/modifications pertaining to medical fitness.
- (c) Presentations on salient aspects of Ophthalmology/ENT/Medicine/Surgery & allied specialties.
- (d) Recent advances in aviation industry and challenges faced with respect to health of aircrew and on passenger safety.
- (e) Any other topic of concern with respect to civil aircrew medical examination and flight safety.

PROCEDURE & TRAINING MANUAL

Note.

(i) Technical assistance would be sought from DGMS (Air) and Indian Society of Aerospace Medicine (ISAM) for holding these workshops. In addition, policies governing conduct of medical examination and changes thereto are regularly shared with all the Medical Examiners through e-mails.

(ii) DGCA Medical Examiners are also encouraged to participate in the Annual Conference of Indian Society of Aerospace Medicine (ISAM).

6.4 Training of support/Administrative staff of Medical Directorate

(a) In order to ensure that staff posted to medical Directorate are able to carry out their duties efficiently and towards expeditious processing of medical assessments of Aircrew/ Individual, it is essential that the administrative staff are trained towards all aspects of processing of medical Directorate. To carry out day to day functions of Medical Directorate as mentioned in Para 1.2 of Chapter 1 above, the administrative staff working in the Medical Directorate will be required to undergo following training programme-

(i) Initial Training

(ii) On the Job Training

(b) The training should primarily cover aspects related to procedures and documentation for issue and renewal of medical assessments, receipt and dispatch of PMR, docketing of Medical documents received at medical Directorate, and issue of NOC etc.

(c) The training of support staff who are medical and admin assistants from IAF, are already trained and have sufficient knowledge of handling the medical and other related documents. On attachment to DGCA, an OJT is also provided to them by DMS/ JDMS. On


PROCEDURE & TRAINING MANUAL

successful completion of the training, they are assigned requisite jobs in medical Directorate, DGCA by DMS/ JDMS.

(d) The training for administrative staff may be conducted by any officer posted in medical Directorate and who possesses a valid training certificate issued by office of DGCA. The staff is also briefed from time to time about the changes in procedures and regulations, with respect to civil aircrew requirements.

(e) Record of training conducted should be maintained (Attendance sheet, OJT details) in the medical Directorate by the officer assigned with the responsibility for conducting training of Administrative Staff. On completion of training, a certificate to this effect will be issued to the administrative staff by DMS/JDMS.

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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: DMS (CA)

DAY ONE

1.	Structure and function of DGCA HQ and Medical Directorate	01 session	JDMS (CA)
2.	Introduction to ICAO, Annex 1	01 session	JDMS (CA)
3.	Introduction of DGCA Rule 39 (B & C)	02 sessions	JDMS (CA)
4.	Introduction to CAR, Sec-7, Series C	01 session	JDMS (CA)
5.	Introduction to AICs (medical related)	01 session	JDMS (CA)

DAY TWO

6.	Introduction to DGCA Rule 41,42	01 session	JDMS (CA)
7.	Introduction to DGCA Rule 103,104	02 sessions	JDMS (CA)
8.	Type of Medical Examination (Initial, Renewal, Special, Re-initial, Post TU etc.)	01 session	JDMS (CA)
9.	Forms used in Medical Examination (CA 34, CA 34 A, CA 35)	02 sessions	JDMS (CA)
10.	Laboratory investigations to be carried out for Medical Examination	01 session	JDMS (CA)

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DAY THREE

11.	Medical Assessment (General introduction)		
12.	Medical Assessment (Class 1, 2 & 3) and its validity	01 session	JDMS (CA)
13.	Medical Unfitness (Temporary, Permanent)	01 session	JDMS (CA)
14.	Appeal Medical Examination (Permanent Unfit)	02 sessions	JDMS (CA)
15.	General training on eGCA portal	02 sessions	JDMS (CA)

DAY FOUR


16.	Approval of appointments & 'NOC' on eGCA	01 session	JDMS (CA)
17.	Issue of Medical Assessment on eGCA	02 session	JDMS (CA)
18.	General training of Official Correspondence	01 session	JDMS (CA)
19.	Monitoring of RTI and Disposal	02 session	JDMS (CA)

DAY FIVE

20.	General training : E- Office Correspondence	01 session	JDMS (CA)
21.	Training on FATA Security Clearance	01 session	JDMS (CA)
22.	Disposal of Court cases and Parliament questions	02 sessions	JDMS (CA)
23.	Brief on all Surveillance visit and Surveillance audit	01 session	JDMS (CA)
24.	Brief on Aircraft accident and investigations	01 sessions	JDMS (CA)

* Each session is of one hour duration

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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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OJT TRAINING: DMS (CA)

DAY ONE

1.	Perusal of PMR Files	01 session	JDMS (CA)
2.	Scrutiny of attachments and CA 34, 34A for its completeness and compliance with CAR	01 session	JDMS (CA)
3.	Training on how to issue Medical assessment Physically or on eGCA	02 sessions	JDMS (CA)
4.	Brief on Fitness of Civil Aircrew with Medications	01 session	JDMS (CA)

DAY TWO


5.	Empanelment of Civil Medical Examiners	01 session	JDMS (CA)
6.	Brief on how to audit Civil Medical Examination Centres	02 sessions	JDMS (CA)
7.	Brief on False declaration Committee	01 session	JDMS (CA)
8.	Brief on Sow Cause Notice and Suspension Orders	02 sessions	JDMS (CA)

PROCEDURE & TRAINING MANUAL

DAY THREE

9.	Revision of CAR and issue of AIC	02 session	JDMS (CA)
10.	Periodical review of MoM and MoU	01 session	JDMS (CA)
11.	Representation in ICAO, ICASM, FAA and ISAM meetings	01 session	JDMS (CA)
12.	Arrangement of eWorkshops, Physical Workshops for Civil Medical examiners and IAF Centres.	02 sessions	JDMS (CA)
13.	Brief on familiarization in flight experience of IAF Medical Examiners and Medical Assessors	02 sessions	JDMS (CA)

PROCEDURE & TRAINING MANUAL

	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: JDMS (CA)

DAY ONE

1.	Structure and function of DGCA HQ and Medical Directorate	01 session	DMS (CA)
2.	Introduction about CAR, Sec-7, Series C	01 session	DMS (CA)
3.	Introduction about ICAO, Annex 1	02 sessions	DMS (CA)
4.	Introduction about AIC	01 session	DMS (CA)
5.	Introduction of DGCA Rule 39 (B & C)	01 session	DMS (CA)

DAY TWO

6.	Introduction of DGCA Rule 41,42,	01 session	DMS (CA)
7.	Introduction of DGCA Rule 103,104	02 sessions	DMS (CA)
8.	Type of Medical Examination (Initial, Renewal, Re - initial)	01 session	DMS (CA)
9.	Forms Used in Medical Examination (CA 34, CA 34 A, CA 35)	02 sessions	DMS (CA)

DAY THREE

PROCEDURE & TRAINING MANUAL

10.	Laboratory investigations to be carried out for Medical Examination	01 session	DMS (CA)
11.	Medical Assessment (General introduction)	01 session	DMS (CA)
12.	Medical Assessment (Class 1, 2 & 3) and its validity	01 session	DMS (CA)
13.	Medical Unfitness (Temporary, Permanent)	02 sessions	DMS (CA)

DAY FOUR

14.	Appeal Medical Examination (Permanent Unfit)	01 session	DMS (CA)
15.	Issue of Duplicate Medical Assessment	01 session	DMS (CA)
16.	General training of eGCA portal	02 sessions	DMS (CA)
17.	Issue of Medical examination appointment on eGCA	01 session	DMS (CA)

DAY FIVE

18.	Issue of 'NOC' on eGCA	01 session	DMS (CA)
19.	Issue of Medical Assessment on eGCA	01 session	DMS (CA)
20.	General training of Email (Correspondence)	02 sessions	DMS (CA)
21.	Monitoring of RTI and Disposal	01 session	DMS (CA)
22.	General training of E- Office Correspondence	02 sessions	DMS (CA)
23.	Training on FATA Security Clearance	01 session	DMS (CA)


PROCEDURE & TRAINING MANUAL

 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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OJT TRAINING: JDMS (CA)

1.	Perusal of PMR Files	01 session	DMS (CA)
2.	Scrutiny of attachments and CA 34, 34A for its completeness and compliance with CAR	01 session	DMS (CA)
3.	Training on how to issue Medical assessment Physically or on eGCA	02 sessions	DMS (CA)
4.	Brief on Fitness of Civil Aircrew with Medications	01 session	DMS (CA)
5.	Empanelment of Civil Medical Examiners	01 session	DMS (CA)
6.	Brief on how to audit Civil Medical Examination Centres	02 sessions	DMS (CA)
7.	Brief on False declaration Committee	01 session	DMS (CA)
8.	Brief on Sow Cause Notice and Suspension Orders	02 sessions	DMS (CA)
9.	Revision of CAR and issue of AIC	02 session	DMS (CA)
10.	Periodical review of MoM	01 session	DMS (CA)
11.	Representation in ICAO, ICASM, FAA and ISAM meetings	01 session	DMS (CA)
12.	Arrangement of eWorkshops, Physical Workshops for Civil Medical examiners and IAF Centres.	02 sessions	DMS (CA)
13.	Brief on familiarization in flight experience of IAF Medical Examiners and Medical Assessors	02 sessions	DMS (CA)

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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: MEDICAL ASSESSOR

SI No	Name of Course	Duration	Trainer
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DAY ONE

1.	Structure and function of DGCA HQ and Medical Directorate	01 session	JDMS (CA)
2.	Introduction about CAR, Sec-7, Series C	01 session	JDMS (CA)
3.	Introduction about ICAO, Annex 1	02 sessions	JDMS (CA)
4.	Introduction about AIC	01 session	JDMS (CA)

DAY TWO

5.	Introduction of DGCA Rule 39 (B & C)	01 session	JDMS (CA)
6.	Introduction of DGCA Rule 41,42,	01 session	JDMS (CA)
7.	Introduction of DGCA Rule 103,104	02 sessions	JDMS (CA)
8.	Type of Medical Examination (Initial, Renewal, Special, Re – initial, Post- TU e.t.c)	01 session	JDMS (CA)

PROCEDURE & TRAINING MANUAL

DAY THREE

9.	Forms Used in Medical Examination (CA 34, CA 34 A, CA 35)	02 sessions	JDMS (CA)
10.	Laboratory investigations to be carried out for Medical Examination	01 session	JDMS (CA)
11.	Medical Assessment (General introduction)	01 session	JDMS (CA)
12.	Medical Assessment (Class 1, 2 & 3) and its validity	01 session	JDMS (CA)

DAY FOUR


13.	Medical Unfitness (Temporary, Permanent)	02 sessions	JDMS (CA)
14.	Appeal Medical Examination (Permanent Unfit)	01 session	JDMS (CA)
15.	Issue of Duplicate Medical Assessment	01 session	JDMS (CA)

DAY FIVE


16.	General training of eGCA portal	02 sessions	JDMS (CA)
17.	Approval of Medical appointments on eGCA	01 session	JDMS (CA)
18.	Issue of 'NOC' on eGCA	01 session	JDMS (CA)
19.	Issue of Medical Assessment on eGCA	01 session	JDMS (CA)

OJT TRAINING: MEDCAL ASSESSOR

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 सत्यमेव जयते		Medical Directorate DGCA HQ	Training Program
1.	Perusal of PMR Files	01 session	JDMS (CA)
2.	Scrutiny of attachments and CA 34, 34A for its completeness and compliance with CAR	01 session	JDMS (CA)
3.	Training on how to issue Medical assessment Physically or on eGCA	02 sessions	JDMS (CA)
4.	Brief on Fitness of Civil Aircrew with Medications	01 session	JDMS (CA)
5.	Empanelment of Civil Medical Examiners	01 session	JDMS (CA)
6.	Brief on how to audit Civil Medical Examination Centres	02 sessions	JDMS (CA)
7.	Brief on False declaration Committee	01 session	JDMS (CA)
8.	Brief on Sow Cause Notice and Suspension Orders	02 sessions	JDMS (CA)
9.	Revision of CAR and issue of AIC	02 session	JDMS (CA)
10.	Periodical review of MoM	01 session	JDMS (CA)
11.	Representation in ICAO, ICASM, FAA and ISAM meetings	01 session	JDMS (CA)
12.	Arrangement of eWorkshops, Physical Workshops for Civil Medical examiners and IAF Centres.	02 sessions	JDMS (CA)
13.	Brief on familiarization in flight experience of IAF Medical Examiners and Medical Assessors	02 sessions	JDMS (CA)

PROCEDURE & TRAINING MANUAL

 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: MEDICAL ASSISTANT

SI No	Name of Course	Duration	Trainer
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DAY ONE

1.	Structure and function of DGCA HQ and Medical Directorate	01 session	JDMS (CA)
2.	Introduction about CAR, Sec-7, Series C	01 session	JDMS (CA)
3.	Introduction about ICAO, Annex 1	02 sessions	JDMS (CA)
4.	Introduction about AIC	01 session	JDMS (CA)
5.	Introduction of DGCA Rule 39 (B & C)	01 session	JDMS (CA)

DAY TWO

6.	Introduction of DGCA Rule 41,42,	01 session	JDMS (CA)
7.	Introduction of DGCA Rule 103,104	02 sessions	JDMS (CA)
8.	Type of Medical Examination (Initial, Renewal, Special, Re – initial, Post- TU e.t.c)	01 session	JDMS (CA)
9.	Forms Used in Medical Examination (CA 34, CA 34 A, CA 35)	02 sessions	JDMS (CA)

PROCEDURE & TRAINING MANUAL

DAY THREE

10.	Laboratory investigations to be carried out for Medical Examination	01 session	JDMS (CA)
11.	Medical Assessment (General introduction)	01 session	JDMS (CA)
12.	Medical Assessment (Class 1, 2 & 3) and its validity	01 session	JDMS (CA)
13.	Medical Unfitness (Temporary, Permanent)	02 sessions	JDMS (CA)
14.	Preparation of Temporary Unfit, Permanent Unfit assessments and shortfalls (observations)	02 sessions	JDMS (CA)

DAY FOUR


15.	Appeal Medical Examination (Permanent Unfit)	01 session	JDMS (CA)
16.	Issue of Duplicate Medical Assessment	01 session	JDMS (CA)
17.	General training of eGCA portal	02 sessions	JDMS (CA)
18.	Issue of Medical examination appointment, 'NOC' on eGCA	01 session	JDMS (CA)
19.	General training of Email (Correspondence)	01 session	JDMS (CA)
20.	Recording of minutes of meeting and medical board committee.	01 session	JDMS (CA)

PROCEDURE & TRAINING MANUAL

DAY FIVE

21.	Monitoring of RTI and Disposal	01 session	JDMS (CA)
22.	General training of E- Office Correspondence	01 session	JDMS (CA)
23.	Training on FATA Security Clearance	02 sessions	JDMS (CA)
24.	General training of various correspondence with AHQ RK Puram.	01 session	JDMS (CA)
25.	Training of preparation and submission of all returns	02 sessions	JDMS (CA)
26.	Proper handling and safe keeping of Files and folders	01 session	JDMS (CA)


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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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OJT TRAINING: MEDCAL ASSISTANT

1.	Training on how to maintain records on Files, Folders and Registers kept at Medical Directorate, DGCA HQ	01 session	JDMS (CA)
2.	Brief on how to monitor Emails and process of their disposal	01 session	JDMS (CA)
3.	Training on how to prepare note on files for permanent unfit cases and their level of approval	02 sessions	JDMS (CA)
4.	Training on preparation of FATA security clearance from AHQ Vayu Bhawan and intimation of authority to respective Boarding Centres	01 session	JDMS (CA)
5.	Process of empanelment of Civil Medical Examiners	01 session	JDMS (CA)
6.	Brief on how to record minutes of meeting and other details during Medical Board Committee	02 sessions	JDMS (CA)
7.	Brief on Show Cause Notice, Caution letter and Suspension Orders of Civil Air Crew and Civil Medical Examiners	01 session	JDMS (CA)
8.	Liaise with Air HQ RK Puram for various correspondence	02 sessions	JDMS (CA)
9.	Training for preparation of various returns and work load data	02 session	JDMS (CA)
10.	Brief on all visits and programs to be held at Medical Dte DGCA HQ.	01 session	JDMS (CA)

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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: SECTION OFFICER

Sl. No.	Name of Course	Duration	Trainer
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DAY ONE

1.	Structure and function of Medical Directorate	01 session	JDMS (CA)
2.	Introduction about Section work	01 session	JDMS (CA)
3.	General introduction of PMR Files	01 session	JDMS (CA)
4.	Introduction about CAR, Sec-7, Series C	01 session	JDMS (CA)
5.	Introduction about ICAO, Annex 1	02 sessions	JDMS (CA)

DAY TWO

6.	Introduction about AIC	01 session	JDMS (CA)
7.	Introduction of DGCA Rule 39 (B & C)	01 session	JDMS (CA)
8.	Introduction of DGCA Rule 41,42,	01 session	JDMS (CA)
9.	Introduction of DGCA Rule 103,104	02 sessions	JDMS (CA)
10.	Type of Medical Examination (Initial, Renewal and Re-initial)	01 session	JDMS (CA)

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DAY THREE

11.	Forms Used in Medical Examination (CA 34, CA 34A and CA 35)	02 sessions	JDMS (CA)
12.	Medical Assessment (General Introduction)	01 session	JDMS (CA)
13.	Medical Assessment(Class 1,2 and 3)	01 session	JDMS (CA)
14.	Validity of Medical Assessment	01 session	JDMS (CA)
15.	Medical Unfitness(Temporary, Permanent)	02 sessions	JDMS (CA)

DAY FOUR

16.	Issue of Duplicate Medical Assessment	01 session	JDMS (CA)
17.	Matter related to Change/Correction of Name and Personal details	02 sessions	JDMS (CA)
18.	General training of Email (Correspondence)	01 session	JDMS (CA)
19.	Record keeping of Medical Assessment (Hard copy/ eGCA assessments)	01 session	JDMS (CA)

DAY FIVE

20.	Safe keeping and proper handling of PMR files	01 session	JDMS (CA)
21.	Monitoring PG Portal	01 session	JDMS (CA)
22.	General training of E-office correspondence	02 sessions	JDMS (CA)
23.	Preparation & Submission of monthly pendency return	01 session	JDMC (CA)

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 सत्यमेव जयते	Medical Directorate DGCA HQ	Training Program
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INDUCTION TRAINING: DEO'S AND MTS

S.NO.	Name of Course	Duration	Trainer
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DAY ONE

1.	Structure and function of Medical Directorate	01 session	Section Officer
2.	Introduction about Section work	02 sessions	Section Officer
3.	General introduction of PMR Files	01 session	Section Officer
4.	Receipt and dispatch of PMR Files	02 sessions	Section Officer

DAY TWO

5.	Type of Medical Examination (Initial, Renewal and Re-initial)	02 sessions	Section Officer
6.	Forms Used in Medical Examination (CA 34, CA 34A and CA 35)	02 sessions	Section Officer
7.	Medical Assessment (General Introduction)	01 session	Section Officer
8.	Medical Assessment(Class 1,2 and 3)	01 session	Section Officer

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DAY THREE

9.	Validity of Medical Assessment	01 session	Section Officer
10.	Mailing of soft copy of Medical Assessment	02 sessions	Section Officer
11.	Issue of Duplicate Medical Assessment	02 sessions	Section Officer
12.	Medical Unfitness (Temporary, Permanent)	01 session	Section Officer

DAY FOUR

13.	Matter related to Change/Correction of Name and Personal details	02 sessions	Section Officer
14.	General training of Email (Correspondence)	02 sessions	Section Officer
15.	Safe keeping and proper handling of PMR files	01 session	Section Officer
16.	Record keeping of Medical Assessment (Hard copy/ eGCA assessments)	01 session	Section Officer

PROCEDURE & TRAINING MANUAL

7. PROCEDURE FOR GRANTING EXEMPTION FROM AIRCRAFT RULE(S) AND CIVIL AVIATION REQUIREMENT(S)

7.1 General

7.1.1 Compliance with The Aircraft Rules, 1937 and Civil Aviation Requirements (CAR) is mandatory. Occasionally, there may be situations where it may not be possible to comply with the provisions of The Aircraft Rules, 1937 and directions given in the CARs, because of exceptional circumstances, physical constraints, non-availability of specified equipment etc. which may warrant exemptions from the provisions of Rules and directions of CARs.

7.1.2 Both, the Central Government and the Director-General are vested with the power to issue exemptions from operations/ application of rule(s) of The Aircraft Rules, 1937.

7.1.3 General procedure for exemption from CAR & the Aircraft Rules 1937 is laid down in CAR Section 1, Series B, Part III and AIC 02 of 2022 dated 17 Feb 22 respectively. Procedure Manual for Granting Exemption from Aircraft Rule(s) and Civil Aviation Requirements dated 05 Apr 2022 also lays down detailed procedure and guidelines for processing of applications for grant of exemption(s).

7.1.4 This chapter lays down the procedures to be followed at Medical Directorate DGCA HQ for processing the applications for grant of exemptions from the provisions of The Aircraft Rules, 1937 and the directions under Civil Aviation Requirements connected to this Dte.

7.2 Definitions

7.2.1 **Temporary Exemptions**. Where the non-compliance is expected to be removed and inter-operability is the predominant aspect of the requirement.

7.2.2 **Permanent Exemptions**. Where non-compliance is not expected to be removed within a reasonable time.

PROCEDURE & TRAINING MANUAL

7.3 Procedure for the Submission of Application for Exemption(s)

7.3.1 The person or an organization seeking exemption shall submit application for exemption in the prescribed proforma to Director Medical Services, DGCA Headquarters. (Please refer Appendix to CAR Section 1 Series B III & AIC 02 of 2022, as applicable).

7.3.2 The application for exemption shall clearly state the reasons for seeking exemption and be supported with the reasons for non-compliance, safety assessment reports, along with means of mitigation and indication as to when compliance can be expected.

7.3.3 An application for an exemption shall include:-

- (a) The applicant's name and current mailing address.
- (b) The relevant provisions of rule(s) for which the exemption(s) is sought.
- (c) The category under which exemption sought (temporary or permanent) and justifiable reason(s) as to why the applicant needs the exemption(s). The reason(s) provided should be detailed, tangible and self-explanatory.
- (d) The period for which the exemption(s) is required.
- (e) Whether the exemption(s) will affect a particular kind of operation, the details thereof.
- (f) The action plan for rectification and review of non-compliance for temporary exemption, including the mitigation measures adopted for ensuring the safety during the exemption period.
- (g) If a permanent exemption is sought, the applicant has to indicate the mitigation measures adopted to reduce the risk arising due to non-compliance after carrying out a 'safety assessment'.
- (h) Undertaking by the applicant that he shall annually review the conditions or mitigation measures and any other resultant non-

PROCEDURE & TRAINING MANUAL

compliance (in particular when any significant changes in the activity are proposed).

(j) Failure to provide adequate information may delay processing/ refusal of the application.

7.4 Procedure for Processing of Application for Exemption

7.4.1 On receipt of application for exemption in the O/o Director Medical Services, the Section Officer (SO) shall ensure that the application along with relevant documents received are as per the list at para 7.3.3 and are arranged as per the filing system in vogue. The Section Officer shall then put up the arranged file to Ops Officer/JDMS along with his/her remarks and observations.

7.4.2 The Ops Officer/JDMS shall technically evaluate the application for the following aspects: -

- (a) The reason(s) for the required exemption(s).
- (b) Period of exemption sought.
- (c) The medical condition(s), flying experience, competency and skills of the applicant.
- (d) The requirements of any additional medical documents/laboratory investigations/certifications (if any) and proposed limitations on flying while utilising the privileges of the applicant's licence.
- (e) Applicants previous medical record and record of incident/accident history (if any).
- (f) Any risk of decrement in the flying performance of the applicant due to disease process or medications prescribed for the disease process or risk of acute in-flight incapacitation.
- (g) References of any previous precedence(s).

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(h) After technical evaluation of the application, he/she shall put up the file to Director Medical Services [DMS (CA)] along with his/her comments and recommendations.

(j) The application for exemption may be refused which do not have adequate justification for non-compliance or adequate action plan for mitigation of the identified safety risk. The applicant concerned will be intimated accordingly

7.4.3 DMS (CA) will examine the application and ascertain the level of risk and forward the application to Joint Director General with his recommendations.

7.4.4 On being satisfied, JDG will forward the file to Directorate of Regulations and Information (DRI) in accordance with 'Procedure Manual for Granting Exemption from Aircraft Rule(s) and Civil Aviation Requirements' dated 05 Apr 2022.

7.4.5 Based on the recommendations of DRI, the application will be submitted to the next higher authority for approval of Competent Authority (MoCA /DGCA, as applicable). In case of exemptions for non-compliance of the Aircraft Rules 1937, the file will be forwarded to MoCA with the approval of Director General for final decision on the application for the exemption requested against non-compliance of the Aircraft Rules.

7.4.6 Exemptions so granted, may be recorded in the relevant manual(s)/ license/ certificate/ approval, as applicable and may also be subject to surveillance to ensure compliance with the mitigation measures adopted

7.4.7 If an exemption so granted leads to non-compliance with ICAO Annex Standard and Recommended Practices (SARPs), then the exemption holder should normally be permitted for domestic operations only. In case, international operations can be permitted, the exemption holder would be required to take prior permission of the State or States, whose territory is/being entered. The exemption letter so issued shall include either of the following conditions: -

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(a) The exemption granted herein is not valid for international operations.

Or

(b) International operations under this exemption can only be undertaken with prior permission of the State or States whose territory the operation is proposed.

7.4.8 The Directorate will ensure that the exemption holder reviews the exemption(s) to the extent possible with a view to assess the need for continuation or removal of such exemption(s). During such review, the exemption holder shall check the validity and efficacy of mitigation measures in place. After every such review, the exemption holder shall submit a report to the concerned.

7.4.9 The exemption should not exceed a maximum period of one year. The recommendation for allowing exemptions may contain conditions/ limitations for the person/ organization to follow while operating under the exemption. In all cases, before recommending exemption, it should be ascertained that an equivalent level of safety is maintained.

7.5 Follow up Actions

Medical Directorate [DMS (CA)] shall ensure that: -

(a) The exemption, once approved, shall be included in the relevant manuals or any other document, as applicable.

(b) The exemption(s) so granted shall be reviewed periodically by the DMS (CA).

(c) On receipt of request for removal of the exemption(s), the same shall be reviewed, compliance confirmed. On being satisfied, the exemption(s) shall be deleted from the relevant manual(s)/ licence/ approval/ certificate.

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7.6 System for Recording and Publishing Exemptions Granted

- (a) All records pertaining to exemptions granted shall be maintained by the Medical Directorate (on file).
- (b) The Medical Directorate [DMS (CA)] shall ensure that the permanent exemptions and temporary exemptions of duration exceeding six months are published on DGCA website.

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8. PRACTICAL KNOWLEDGE AND WORKPLACE EXPERIENCE OF DGCA EMPANELLED MEDICAL EXAMINERS

8.1 **General.** ICAO Annex 1, para 1.2.4.5.2 states that “*Medical examiners shall have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties*”. It also states that “*Examples of practical knowledge and experience are flight experience, simulator experience, on-site observation or any other hands-on experience deemed by the Licensing Authority to meet this requirement*”. ICAO Doc 8984 ‘Manual of Civil Aviation Medicine’ also states that “*such practical knowledge and experience should include, whenever possible, actual flight deck experience in aircraft engaged in commercial operation as well as experience in the operational working conditions of air traffic controllers*”.

The DGCA empanelled medical examiners and the medical examiners at the Indian Air Force boarding and renewal centres are involved in aeromedical assessment of flight crew as well as Air Traffic Controllers. In order to gain practical knowledge of the conditions in which the holders of various licences and ratings carry out their duties, the medical examiners have to undertake actual flight deck experience in aircraft engaged in commercial air operation or flight simulator as well as experience in the operational working conditions of air traffic controllers

8.2 **In-Flight Experience and Familiarization with ATC Unit.** The DGCA medical assessors and DGCA empanelled Class 1 & 2 medical examiners shall gain experience in a flight simulator or flight deck, as ‘observer’, once in every 02 (two) years. The actual flight experience shall be at least once in 04 (four) years. The ATC unit experience for DGCA empanelled Class 3 medical examiners shall be at least once in two years. The Medical Dte shall monitor this activity and ensure that all medical examiners undertake this experience.

8.3 **Procedure for requisition of air tickets for DGCA empanelled medical examiners/medical assessors to fly as observers** (Reference: AIC 07/2012)

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8.3.1 The DGCA empanelled medical examiners shall place the request for tentative dates for undertaking the observation flight/s to DGCA (Medical Directorate) through a formal request letter as per the format placed as Appendix 'A'.

8.3.2 The IAF medical examiners shall forward their requests to the O/o DGMS (Air), who will then forward the recommended requests to DGCA (Medical Directorate) as per the format placed as Appendix 'A'.

8.3.3 On receipt of the application from medical examiner seeking observer's ticket, the Ops Offr/SO shall scrutinize and process the application on file for its completeness as per the prescribed format and verify that the examiner's eligibility for the flight tickets as per the following: -

- (a) Check DGCA panel for medical examiners and verify the applicant's name and current validity period.
- (b) The applicant should not have availed the actual flight experience in the last four years.
- (c) The applicant has provided details of the proposed onward and return flights.
- (d) Update the flight experience monitoring sheet for the DGCA empanelled medical examiners as per the application.

8.3.4 DMS (CA)/JDMS (CA) shall recommend these applications for approval after ascertaining the correctness of the application recommended by the Ops Offr/SO and forward the same to DDG/JDG on file.

8.3.5 The requests shall be forwarded for approval of competent authority at DGCA who is authorized to issue letters to the airline/scheduled operators in exercise of powers under Section 5A of The Aircraft Act 1934, read in conjunction with AIC 07/2012.

8.3.6 On completion of the observation flight, the medical examiner detailed for the flight shall render a report to DGCA (Medical Dte), within 10 days of the flight, covering salient aeromedical issues like cockpit workload (physical and mental), human-machine interface issues e.g. ergonomics, instruments

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and controls readability etc., the cockpit environment control, other Human Factors like CRM, communication, fatigue etc. The broad format for this report is placed as Appendix 'B'. This report shall be placed for vetting by DMS (CA) by the SO. Major observations will be shared with the concerned Directorate on file. File to be initiated by SO.

8.3.7 A record of this familiarization/practical experience flight shall be placed in the folder of each medical examiner at DGCA. In addition, the examiners shall produce this report during the surveillance visits of their facility as well as while applying for extension of their empanelment as DGCA examiners.

8.4 Procedure for seeking permission for visiting a DGCA Approved Training Organization (ATO) by medical examiners as observers

8.4.1 The DGCA empanelled medical examiners shall place the request for tentative dates for undertaking the visit to the flight simulator (ATO) to DGCA (Medical Directorate) through a formal request letter as per the format placed at Appendix 'C'.

8.4.2 The IAF Medical examiners shall forward their request to the O/o DGMS (Air), who will then forward the recommended requests to DGCA (Medical Directorate) as per the format placed at Appendix 'C'.

8.4.3 On receipt of the application from medical examiner seeking permission to visit a flight simulator, the Ops Offr/SO shall scrutinize and process the application on file for its completeness as per the prescribed format and verify the examiner's eligibility for the experience of flight simulator as per following: -

- (a) Check DGCA panel for medical examiners and verify the applicant's name and current validity period.
- (b) The applicant should not have visited a flight simulator in the last two years.
- (c) The applicant has provided details of the proposed place and date of visit.

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(d) Update the flight experience monitoring sheet for the DGCA empanelled medical examiners as per the application.

8.4.4 DMS (CA)/JDMS (CA) shall recommend these applications for approval after ascertaining the correctness of the application recommended by the Ops Offr/SO and forward the same to DDG/JDG on file.

8.4.5 The requests shall be forwarded for approval of competent authority (through Flight Standards Dte) at DGCA who is authorized to issue letters to the ATO. On approval, particulars of the medical examiner/assessor shall be forwarded to the Flight Standards Dte for onward information to the ATO.

8.4.6 On completion of the visit, the medical examiner detailed shall render a report to DGCA, within 10 days of the visit, covering salient aeromedical issues like cockpit workload (physical and mental), human-machine interface issues e.g. ergonomics, instruments and controls readability etc., the cockpit environment control, other Human Factors like CRM, communication, fatigue etc. The broad format for this report is placed as Appendix 'D'. Major observations will be shared with concerned Directorate on file. File to be initiated by SO.

8.4.7 A record of this familiarization/practical experience shall be placed in the folder of each medical examiner at DGCA. In addition, the examiners shall produce this report during the surveillance visits of their facility as well as while applying for extension of their empanelment as DGCA examiners.

8.5 Procedure for seeking permission for visiting Air Traffic Control unit of Airports Authority of India by medical examiners as observers

8.5.1 The DGCA empanelled medical examiners shall place the request for tentative dates for undertaking the visit to the ATC unit to DGCA (Medical Directorate) through a formal request letter as per the format placed at Appendix 'E'.

8.5.2 The IAF Medical examiners shall forward their request to the O/o DGMS (Air), who will then forward the recommended requests to DGCA (Medical Directorate) as per the format placed at Appendix 'E'.

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8.5.3 On receipt of the application from medical examiner seeking permission to visit an ATC unit, the Ops Offr/SO shall scrutinize and process the application on file for its completeness as per the prescribed format and verify that the examiner's eligibility for the experience as per following: -

- (a) Check DGCA panel for medical examiners and verify the applicant's name and current validity period.
- (b) The applicant should not have visited any ATC unit in the last two years.
- (c) The applicant has provided details of the proposed ATC unit and date for the visit.
- (d) Update the flight experience monitoring sheet for the DGCA empanelled medical examiners as per the application.

8.5.4 DMS (CA)/JDMS (CA) shall recommend these applications for approval after ascertaining the correctness of the application recommended by the Ops Offr/SO and forward the same to DDG/JDG on file.

8.5.5 The requests shall be forwarded for approval of the competent authority (through Dte of ANS) at DGCA who is authorized to issue requisite letters to the Airports Authority of India (AAI). On approval, particulars of the medical examiner/assessor shall be forwarded to the Dte of ANS for onward information to AAI ATC Unit.

8.5.6 On completion of the visit, the medical examiner detailed shall render a report to DGCA, within 10 days of the visit, covering salient aeromedical issues like ATCO's workload (physical and mental), human-machine interface issues e.g. ergonomics, instruments and controls readability etc., the ATC Unit (as applicable) environmental control, other Human Factors like CRM, communication, fatigue etc. The broad format for this report is placed as Appendix 'F'. Major observations will be shared with Dte of ANS on file. File to be initiated by SO.

8.5.7 A record of this familiarization/practical experience shall be placed in the folder of each medical examiner at DGCA. In addition, the examiners

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shall produce this report during the surveillance visits of their facility as well as while applying for extension of their empanelment as DGCA examiners.

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Appendix 'A'

REQUEST FOR AVAILING FAMILIARIZATION FLIGHT FROM DGCA

Personal Particulars

Name: _____ Designation: _____

Address: _____

DGCA Empanelment Serial No. _____

Speciality: _____

Details of previous Familiarization Flight undertaken:

Out-bound Travel

From: _____ To: _____

Date of Travel: _____

Airline and Flight No. _____

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In-bound Travel

(As far as possible, on the same flight sector to and fro)

From: _____ To: _____

Date of Travel: _____

Airline and Flight No. _____

I confirm that I will undergo Alcohol Breathalyser (BA) test before the observation flight at the flight operator's facility.

Date:

Signatures (with stamp)

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Appendix 'B'

REPORT ON FAMILIARIZATION FLIGHT BY MEDICAL EXAMINER

Particulars of the Medical Examiner

Name: _____

Address: _____

DGCA Empanelment No.: _____

BA Test Report: _____ Date/ Time: _____

Flight Information

Operator: _____ Flight No. _____

Date/Time: _____ Sector: _____

Aircraft Type: _____

Actual time of Departure: _____ Duration of Flight: _____

Details of Crew

	Name	Age	Flg Experience (on type)
PIC (Captain)			
FO (Co-pilot)			

	Any Medical limitations/ Recommendations (Check DGCA Medical Assessment)
PIC (Captain)	
FO (Co-pilot)	

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Crew Workload

Physical/Mental Workload: P/M; Nil/Minimal/Moderate/Heavy/Very Heavy: 0/1/2/3/4

Eg: Approach: P1/M3

Phases of Flight	PIC	FO
Pre-Flight		
Pre-Departure		
Taxi		
Take off		
Climb		
Cruise		
Descend		
Approach		
Landing		
Arrival		
Post Arrival		

Cockpit Ergonomics/Human Machine Interface/Human Factors/Environment control

ATC Observation: *During cockpit en route observation, the examiner has the opportunity to observe ATC operations and airspace procedures from the vantage point of the aircraft cockpit. Medical Examiners may observe the following areas from the cockpit and record any relevant finding: -*

- Radio frequency congestion, overlap, or blackout areas.

- Controller communication, clarity, and transmission rate.

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- Departure and approach instructions.

- Controller situational awareness - traffic flow, conflicts, aircraft flight characteristics, priorities, etc.

Safety Risk Assessment?

The safety risk assessment is a process to identify actual and potential safety hazards and assess the associated risks; Safety risk management is identification, analysis and elimination (and/or mitigation to an acceptable or tolerable level) of the hazards, as well as the subsequent risks, that threaten the viability of an organization. (Ref ICAO Doc. 9859)

- Any issue or area identified after the observation flight by the examiner that could qualify as risks to flight safety? **Yes** **No**
- If Yes, Please elaborate the types of safety hazards that may threaten the safety of passengers, employees or contractors.

- Rank and assess the severity of the safety hazards (*Factors to consider are the likelihood; how often the hazard might result in a safety occurrence and the severity; how bad the outcome would be of any consequences*)

- Identify the controls/defences in place to manage the hazards (hazard controls) against them.

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-
-
- Assess the effectiveness of the current controls/defences

- Identify further controls/ defences required

Aerodrome Medical Services (Airport MI Room)

Any other observation:

Date:

Signatures with stamp

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Appendix 'C'

REQUEST FOR PERMISSION TO VISIT DGCA APPROVED TRAINING ORGANISATION (ATO)

Personal Particulars

Name: _____ Designation: _____

Address: _____

DGCA Empanelment Serial No. _____

Speciality: _____

Details of previous Familiarization Flight/ATO visits undertaken:

Details of the ATO: _____

Type of Simulator (Aeroplane/Helicopter): _____

Proposed Date of visit: _____

(The observation by medical examiner in the simulator shall be only during 'Training sessions')

Date:

Signatures (with stamp)

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Appendix 'D'

REPORT ON SIMULATOR FLIGHT AT DGCA APPROVED TRAINING ORGANISATION (ATO)

Particulars of the Medical Examiner

Name: _____

Address: _____

DGCA Empanelment No.: _____

Details of ATO

Date/Time: _____

Simulator Type: _____

Crew Workload

Physical/Mental Workload: P/M; Nil/Minimal/Moderate/Heavy/Very Heavy: 0/1/2/3/4

Eg: Approach: P1/M3

Phases of Flight <i>(As applicable)</i>	PIC	FO
Pre-Flight		
Pre-Departure		
Taxi		
Take off		
Climb		
Cruise		
Descend		
Approach		
Landing		
Arrival		
Post Arrival		

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**Simulator Cockpit Ergonomics/ Human Machine Interface/ Human Factors/
Environment control**

Safety Risk Assessment?

The safety risk assessment is a process to identify actual and potential safety hazards and assess the associated risks; Safety risk management is identification, analysis and elimination (and/or mitigation to an acceptable or tolerable level) of the hazards, as well as the subsequent risks, that threaten the viability of an organization. (Ref ICAO Doc. 9859)

- Any issue or area identified after the observation flight by the examiner that could qualify as risks to flight safety? **Yes** **No**
- If Yes, Please elaborate the types of safety hazards that may threaten the safety of passengers, employees or contractors.

Any other observation:

Date:

Signatures with stamp

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Appendix 'E'

REQUEST FOR PERMISSION TO VISIT AIR TRAFFIC CONTROL UNIT

Personal Particulars

Name: _____ Designation: _____

Address: _____

DGCA Empanelment Serial No. _____

Speciality: _____

Details of previous ATC Unit Familiarization visits undertaken:

Details of the ATC Unit/Aerodrome: _____

Proposed Date of visit: _____

Date:

Signatures (with stamp)

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Appendix 'F'

**REPORT ON VISIT BY DGCA MEDICAL EXAMINER TO AIR TRAFFIC CONTROL
UNIT**

Particulars of the Medical Examiner

Name: _____

Address: _____

DGCA Empanelment No.: _____

Details of ATC Unit (Tower/ Approach/ Area)

Date/Time of visit: _____

ATCOs' Workload

Physical/Mental Workload: P/M; Nil/Minimal/Moderate/Heavy/Very Heavy: 0/1/2/3/4

Eg: Approach: P1/M3

ATC Unit	ATCO
A. Tower Control	
B. Approach Control	
C. Area Control	

**ATCO's Workstation Ergonomics/ Human Machine Interface/ Human Factors/
Environment control of ATC Unit (as applicable)**

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Any other observation:

Date:

Signatures with stamp

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9. AVIATION SAFETY AND HEALTH PROMOTION

9.1 **Background.** The basis for regulatory aeromedical decision making is largely based on the following: -

(a) **Expert Opinion.** Aeromedical policies and individual decisions for medical conditions evaluated on 'case to case' basis at DGCA are always based on expert opinion or concerned clinical specialist opinion. It is the easiest, quickest and least costly to implement. But, often, opinions vary greatly between specialists presented with similar cases.

(b) **Acceptable Aeromedical Risk.** Another area accepted by DGCA is the level of aeromedical risk that is acceptable. For flight crew, a maximum risk of 1% is acceptable per annum. A pilot incapacitation risk of '1% per annum' infers that if there were 100 pilots with an identical condition, 1 of them is likely to become incapacitated at some time during the next 12 months and 99 would not. While the data for predicting incapacitation in the next one year for a condition is not always robust, there are some common medical conditions (e.g., ischemic heart disease) where high quality epidemiological data exist and can be used in assessing the aeromedical risk.

Without any objective risk criteria, it can be unclear on what basis an aeromedical decision is being made and the specialist opinion that seems 'reasonable', often based on similar precedents, may not always hold good. Therefore, the Medical Dte shall acquire relevant data of medical conditions that resulted in some serious incident/accident or had potential risk for flight safety and continually analyse them to identify these conditions & implement mitigating measures.

Contribution of Medical Examinations to Aviation Safety

9.2 **Routine Periodic Medical Examination.** The aeromedical examiners, during medical examination of the licence holders, shall not only concentrate on detection of physical diseases but also make additional

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efforts to identify behavioral factors such as anxiety or depression, illicit drug use or alcohol consumption etc.

9.3 Application of Safety Management Principles to Medical Assessments. ICAO has mandated the incorporation of a safety management system into the management processes for aircraft operators, for which, an 'accountable executive/manager' is appointed. However, it is difficult for the accountable manager/executive to take responsibility for aeromedical safety because of the confidential and personal nature of the information involved. It is, therefore, the responsibility of the DMS (CA) at DGCA HQ to function like the 'accountable executive' and shall be responsible for 'Aeromedical Safety'.

In order to implement 'aeromedical safety', DMS (CA) shall monitor and measure safety-related medical events and then revisit and (if necessary) revise, the aeromedical standards or evaluation procedure for the licence holders to ensure safety.

9.4 Collection and Analysis of Aeromedical Data. Medical Directorate, which is responsible for national aeromedical safety, requires sound data on which aeromedical policies are based. Such data shall be obtained from the following three sources: -

(a) **In-flight Incapacitation Incidents.** Dte of Air Safety DGCA shall inform about all the inflight incapacitation events involving the flight crew to DMS (CA). One of the Medical Assessors shall be part of the investigation of these events conducted by the Dte of Air Safety DGCA or Aircraft Accident Investigation Bureau (AAIB).

(b) **Notification after period of Medical Unfitness.** Medical conditions that the licence holders suffer from, which would have been of importance had they occurred in flight or during ATC duties; have to be informed to DGCA Medical Dte. The updated list of these conditions shall be communicated to the licence holders through Medical Circulars and periodically updated (Refer Med Circular 02 & 03/ 2022).

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(c) **Medical Assessment Data**. The data of medical conditions (diagnosis) discovered during medical examination of licence holders conducted on eGCA is readily available on eGCA (on Medical Assessors' login) under Management Info System > Medical Directorate Reports > Analysis of Medical Data Report. In addition, DMS (CA) will carry out the data analysis of the commonly occurring disabilities amongst the licence holder and institute remedial measures like health education of the licence holders through medical circulars and health promotion activities through their employers.

9.5 **Health Promotion Activities**. Medical Directorate DGCA shall implement appropriate aviation-related health promotion strategies for the licence holders to reduce future medical risks to flight safety. The areas of health concern shall be identified by the data analysis as mentioned in para 4 above; from which the appropriate topics for health promotion activities have to be determined. DMS (CA) shall communicate these topics to the employer of the licence holder and monitor progress through periodic feedback from them.

9.6 **Re-evaluation of Medical Assessment Processes**. Based on the results of the data analysis, continuous re-evaluation of the medical assessment process shall be undertaken by the Medical Dte to concentrate on identified areas of increased medical risk. The relevant guidelines for the aeromedical examiners shall be revised to include limitations and/or specialist (expert) opinion and/or specialized investigations in order to mitigate the likely risk to flight safety because of the medical area identified through data analysis.

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References

1. ICAO Annex 1 Personnel Licensing.
2. ICAO Manual of Civil Aviation Medicine – 2012 (Document 8984).
3. Aeronautical Information Circulars on medical matters available on DGCA website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=aeronauticalInformationCirculars/119/0/viewDynamicRulesReq>.
4. Civil Aviation Requirements Section 7 Series C, Part-I (Issue II) on 'Medical Requirements and Examination for Flight Crew Licenses and Ratings' available on DGCA website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=civilAviationRequirements/6/0/viewDynamicRulesReq>
5. Civil Aviation Requirements Section 7 Series C, Part-III (Issue I) on 'Empanelment of Medical Examiners for conduct of Class 1 Medical Examination' dated 23 June 2017 available on DGCA website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=civilAviationRequirements/6/0/viewDynamicRulesReq>
6. Civil Aviation Requirements Section 7 Series C, Part-IV on 'Empanelment of Medical Examiners for conduct of Class 2 Medical Examination' dated 25 Jan 19 available on DGCA website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=civilAviationRequirements/6/0/viewDynamicRulesReq>
7. Civil Aviation Requirements Section 7 Series C, Part-II on 'Medical Requirements and Examination for Cabin Crew' dated 05 May 14 available on DGCA website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=civilAviationRequirements/6/0/viewDynamicRulesReq>
8. DGCA Enforcement Policy and Procedure Manual.
9. Flight Crew Licensing (FCL) Circular – 01/2017 – General Instructions for conduct of Class 1 Medical examination available on dgca website under <https://www.dgca.gov.in/digigov-portal/?dynamicPage=dynamicPdf/150890518&maincircularsRulesFlightCrewLic/7/3324/viewDynamicRuleContLv2>

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Annexure – ‘A’

FORM FOR SEEKING MEDICAL APPOINTMENT AT IAF CIVIL AIRCREW MEDICAL EVALUATION CENTRE			
1	Name (Capital Letters only)		
2	PMR File No.	1- _____ / _____ -L-2	DOB
			Age (As on intended date) Yrs.
3	Personnel from Military / Paramilitary Services		Yes / No / Not Applicable
4	If Yes, whether Serving (on the intended date of Medical)		Yes / No
5	Contact No.		
6	E-Mail ID (Capital letters only)		
7	Details of Last medicals examination		
		Medical Centre	
		Date of Medical	(Class 1 or 2)
8	Last Medical Valid upto (As per Medical Assessment issued by DGCA Medical Dte)		
9	Forthcoming Medical:		
	(a) Medical Type (Tick One Option)	(i) Initial / Re-initial (ii) Renewal (iii) Review after Temporary Unfit (iv) Special Medical (Kindly attach necessary relevant medical documents)	
	(b) Intended Dates	(i) _____ (ii) _____	
	(c) Intended Centres (If all the options are filled, then earliest date will be allotted in either of the given options)	(i) _____	
		(ii) _____	
		(iii) _____	
10	I have read the provision of Centralized Appointment and PMR file forwarding System. I certify that (Tick one of the following applicable option) (a) My forthcoming medicals is not due at AFCME / IAM / MEC (E). (b) My forthcoming medical is due at AFCME / IAM / MEC (E).		
11	Give reason, if applying for AFCME / IAM / MEC (E)		
	Place	(Signature of Individual)	
	Date		

P.T.O

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NOTE:

1. The form is to be filled by applicant ensuring **all columns are filled** legibly.
2. Incomplete/unclear applications would not be processed.
3. Appointments will be given as per availability of slots.
4. Individual may apply as early as 90 days before intended date of medical appointment.
5. Kindly **ensure the availability of last medical assessment** issued by DGCA medical Directorate and **not CA-35** when applying for Medical appointment.
6. Approximate **10 working days are required** to process your application.
7. After getting confirmation e-mail of medical appointment, apply for NOC, if applicable.
8. For more information visit **<http://dgca.gov.in/medical/Procedure>** for DGCA Centralised Appointment & PMR Forward System.pdf

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Annexure - 'B'

FORM FOR CANCELLING APPOINTMENT AT IAF CIVIL AIRCREW MEDICAL EVALUATION CENTRE			
1	Name (Capital Letters only)		
2	PMR File No.	1 - _____ / _____ -L-2	
3	Contact Number		
4	Email ID		
5	Contact No.		
6	E-Mail id (Capital letters only)		
7	Details of Appointment allotted	Medical Centre	
		Date of Medical	
8	Reason for Cancellation (In brief)		
9	Further action (Select one)	(a)	I do not intend to get the medical done now. Kindly retrieve my PMR File back to DGCA.
		(b)	I intend to get the medical examination at different centre. Kindly retrieve my PMR back to DGCA.
	Place	(Signature of Individual)	
	Date		

Note:

1. The form is to be filled by applicant only.
2. All columns are to be filled legibly.
3. Incomplete/ unclear applications would not be processed.
4. For obtaining a fresh appointment, fresh Annexure 'A' to be filled and sent along with Annexure 'B'.

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Annexure - 'C'

Step 1: Calculate total Medical Assessors required

1. It is essential to collect three types of Information to calculate the total requirement of Medical Assessors. This includes:

- (a) Identification of each work function-
 - (i) Issue of Medical Assessments to Class 1
 - (ii) Issue of Medical Assessments to Class 2
 - (iii) Issue of Medical Assessments to TU/PU/Appeal cases
 - (iv) Special Medical cases correspondence
 - (v) Training of Medical Examiners
 - (vi) Enforcement actions, Administrative work, Legal proceedings etc.
- (b) Annual frequency of each work function as described above.
- (c) Total number of Medical Assessor hours required to complete each work function.

2. This information is then entered into an Excel spreadsheet. The total number of annual hours required for each work function can be calculated by "*Multiplying the number of times the work function is carried out each year by the number of Medical Assessor hours required to complete the same work function*"

3. Calculate the total Medical Assessor hours required by medical Directorate separately, then find the sum of the total number of hours required for each work function performed by the medical Directorate.

Step 2: Calculate total Medical Assessors hours available

1. There are two important components to calculating total Medical Assessors hours available:

- (a) Number of hours that each Medical Assessors is available to conduct work functions.
- (b) Total number of Medical Assessors.

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2. For determining the number of work hours, assumptions must be made regarding: -

(a) Number of hours each day each Medical Assessor is expected to work (8 hours per day)

(b) Number of hours Medical Assessor will work annually

(c) Number of work days the Medical Assessor will be on training, vacation or is unavailable to work for other reasons annually.

For example, each Medical Assessor who is available for working in medical Directorate in a calendar year is calculated as under-

Available Weekdays (52 x 5)	260
Unavailable weekdays	
Holidays	18
Leave Days	30
Casual leave	8
Training	10
Total Unavailable workdays	66
Remaining Available days	194 (260-66)
Work Hours per day	8 hrs

Thus, the Medical Assessor's available work hours in a calendar year will be 8 hours x 194 work days = 1552 hrs

3. This analysis is conducted separately for each Medical Assessor of Medical Directorate. Therefore, the total number of Medical Assessor refers to the total number of current, qualified and available Medical Assessors.

4. Once the above two parameters are determined, total office hours put in by Medical Assessors can be calculated as mentioned in the example below:-

If a medical Directorate has 1,552 hours available, and there are 05 Medical Assessors then the total hours available of medical Directorate are 15,520 (1,552 x 05).

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Step 3: Compare total hours required and total hours available

1. Compare the total Medical Assessor hours required calculated in Step 1 to the total hours calculated in Step 2 above. If the total hours required is less than the total hours available, then the medical Directorate has sufficient staffing.

Table 1: Sample Workforce Evaluation Worksheet

Step 1: Calculate total hours required

Work Function	Annual Frequency	Hours per Function	Hours Required
Function 1	36	24	864
Function 2	48	6	288
Function 3	24	4	96
Function 4	108	2	216
Function 5	12	24	288
Function 6	18	36	648
Total Hours Required			2400

Step 2: Calculate total hours available

Annual hours available per Medical Assessor	1760
Current number of Medical Assessor	2
Total hours available	3520

PROCEDURE & TRAINING MANUAL

Step 3: Compare total hours required to total hours available

Total Officer Hours Available 3520

Total Officer Hours Required 2400

Difference 1120

Step 4: Ensure medical Directorate workforce is properly qualified and trained

This step involves taking the number of Medical Assessors required and determining the necessary training and qualification requirements for the inspectors to meet the demands of the civil aviation system. These training requirements include the necessary Medical Assessor training (Initial training & On-job-training). The training requirements are detailed in Procedure & Training Manual.

Note

Workforce issues related to administrative staff supporting Medical Assessors in medical Directorate is required to be assessed separately. The Medical Directorate should have sufficient administrative staff, appropriate to the size and complexity of the office, to effectively discharge their responsibilities.

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Annexure 'D'

MEDICAL NOC APPLICATION

Medical Dte, DGCA
(Opp Safdarjung Airport), Aurobindo Marg
New Delhi – 110 003

Date:

**ISSUE OF NOC FOR CONDUCT OF
CIVIL AIRCREW MEDICAL EXAMINATION**

1. I, (Name), PMR No 1-...../.....-L-2 request for an NOC since (state reason(s) why NOC is required).....
.....
.....

2. My particulars are as follows

- (a) Email id(In Capital letters)
- (b) Contact Number
- (c) Postal Address
- (d) Date of Birth with Age:
- (e) Details of last medical
 - (i) Date Valid up to:
 - (ii) Place of Medical
 - (iii) Type of Medical Class-1/ Class-2
 - (iv) Status Fit/ Temporary Unfit/ Permanent Unfit
- (f) Forthcoming Medical
 - Date
 - Medical Centre/ Examiner

3. I have not exercised the privileges of my license when my medical was not valid.

4. NOC may be (select 1 option) posted to me/ sent along with PMR/ held at DGCA for collection by Me.

Yours faithfully,

Enclosures:

- (i) Copy of Last Medical Assessment issued by DGCA.**
- (ii) Documents supporting reason for delay/ early/ special e.g. medical certificates if reason was medical**

REMARKS BY DMS/JDMS

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Annexure 'E'

**CHECKLIST FOR AUDITING MEDICAL EXAMINERS, FACILITIES
AND RECORD-KEEPING METHODS**

Name of Medical Examiner:		Date:				
Name of Medical Assessor:		Place/Region:				
Facility Information						
Type of activity authorized (Class 1 or 2, 3):						
(Address)						
Phone Number:						
No. of authorization/empanelment						
Email:						
Details:	Depending on how it applies, determine if the status is: S- Satisfactory, P.S - Partially Satisfactory, U-Unsatisfactory, or N/A- Not Applicable. Use the "Remarks" Section for any further explanations of U-Unsatisfactory/ P.S - Partially Satisfactory statuses.					
Sl No	Provision	EVALUATION				Notes
		SAT (S)	P.SAT (P.S)	UNSAT (U)	N/A	
Administrative						
Facilities						
1	Facilities (with necessary equipment, charts, space, availability of minimum list of medical equipment for medical exam) Pl See Appendix A					

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2.	Whether medical examination facility is owned or rented (With NOC)					
3.	Scope of Services prominently displayed					
4.	Staff orientation about scope of services					
5.	Availability of Lady Attendant					
6.	Display of Information for Female Aircrew					
7.	Handwashing facilities / Disinfectants availability					
8.	Aircrew friendly environment – Adequate waiting area, drinking water etc, i.e. amenities as per prevailing environmental conditions					
9.	Means of Communication and IT Infrastructure					
10.	Documented plan of evaluation of Aircrew					
11.	Any Feedback Performa kept, suggestions received from pilots					
<u>Documentation</u>						

12.	Is Correct information regarding facility available for aircrew? (Is address, hours of operation, telephone, email, etc. up-to-date?)					
13.	Procedure of registration of Aircrew Are the IDs of the aircrew checked					

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14.	Are the IDs of the aircrew checked before starting of medicals					
15.	Medical Recommendation in CA34/34A are clear, legible,					
16.	Record-keeping (safe, secure, organized) with adequate space available					
17.	Classification of Medical files and Forms					
18.	Security and Confidentiality of Medical Forms and Records maintained?					
19.	Record of monthly workload					
20.	Data and evaluation of completed medicals examinations? (Including observation points)					
21.	Record of Unfit / Incomplete / Controversial cases whether maintained					
22.	Record/ register of dispatch of documents with their proper identification number.					
23.	Whether aircrew are informed of their next follow up medical examination					
Lab Facilities						
24.	Whether the investigations reports are from NABH certified Hospital/ NABL certified laboratories					
25.	Are there lab facilities attached to the medical facility. If yes whether it is NABL Accredited.					
26.	Is the integrity of the samples ensured, if samples collected at the Centre					

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27.	Are trained personnel interpreting the investigation reports?.					
Co-opted specialists						
28.	Are co-opted specialist for Medicine , Eye, ENT & Cardiology available					
29.	Ease of availability of co-opted specialist					
Professional Activities						
30..	Workshop / Updates attended during period of empanelment					
31.	Is the Examiner also conducting Medicals for other regulators? If Yes any updates attended for same					
32.	Any observations from DGCA in the last one year					
33.	Other (Please Specify)					
Health Promotion Activities						
34	Is the Examiner carrying out Health Promotion activities for the Aircrew at time of the examination					

Reference Materials						
35.	Current version of DGCA CAR and DME manuals available?					
35.	Most up-to-date copy of ICAO Doc 8984					

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36.	Most up-to-date copy of ICAO Doc 9654					
37.	Latest digital copy of Annex 1					
Medical Examination Conducted by Medical Examiner (To be observed by assessor after consent from Pilot)						
38.	Communication with aircrew during examination					
39.	Thoroughness of Examination					
40.	Efforts to make the aircrew comfortable					
Observations during Medical examination of Aircrew						
Final Remarks:						

Name of Medical Assessor carrying out the Audit:	
Date:	Signature of Assessor
Name of Approving Authority	
Date:	Signature of Approving Authority

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Annexure 'F'

Commented [LM1]: Inserted to follow the DGCA Training Policy

EMPLOYEE'S ON-THE-JOB TRAINING RECORD				
1. IDENTIFYING INFORMATION				
Last Name: _____		First Name: _____		Initials: _____
Position: _____		Section / Division: _____		
2. OJT ACTIVITY DOCUMENTATION				
Job Task or Subject Matter	Date Level Completed			*Name(s) and Signature of OJT Trainer
	Level I (Understanding)	Level II (Demonstration)	Level III (Performance)	
3. CERTIFICATION				
(a) * By appending my signature in this column, I certify that the trainee has completed the OJT documented above and is competent to perform the task without supervision.				
(b) I hereby confirm that I have completed the OJT documented above with the qualified OJT Trainer(s).				
Signature: _____ Date: _____				

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Annexure 'G'

MASTER LIST – MEDICAL ASSESSOR

Name:

Completion Date:

Sl. No	Subject	Remarks
Section – 1 Employment Documents		
1.	Air HQ Vacancy letter	
2.	Appointment Note	
3.	Contract	
4.	Job Description	
5.	Any Previous Employment (prior to DGCA)	
Section 2 Credentials		
1.	DGCA Identification Card	
2.	Airport Entry Pass	
3.	Passport	
Section 3 – Qualification		
1.	Academy Qualification	
2.	Professional Qualifications	
3.	Licenses (if available)	
Section 4 – DGCA Initial Training		
1.	DGCA Indoctrination training course (if applicable)	
Section 5 – DGCA on-the-Job Training		
1.	DGCA on-the-Job Training	
Section 6 – DGCA Sponsored Continuation and Recurrent Training		
1.	Any Specialized Training	
Section 7 All other Industry Training		
1.		
2.		
3.		
Section 8 – Miscellaneous (Additional Qualification)		
1.		

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Annexure ‘J’

SAMPLE SURVEILLANCE PLAN FOR CLASS 1, 2 AND 3

MEDICAL EXAMINERS

The following sample surveillance plan for Class 1 and 2 Medical Examiners shall be used to create a schedule by which the DGCA Medical Directorate and Medical Assessor surveils Designated Medical Examiners (DMEs). The Medical Assessors of the DGCA Medical Directorate must create a yearly surveillance plan for Class 1 and Class 11 Medical Examiners that allows the Medical Assessor to plan for unannounced inspections of Medical Examiners by year, month, and region. The Medical Assessor will take a risk-based approach to ensure 20% of Medical Examiners are surveilled annually. If the risk-based approach does not trigger the 20% to be surveilled within a given year, the Medical Examiner will randomly choose Medical Examiners to reach the required 20%.

[YEAR] DGCA Medical Examiners’ Annual Surveillance/Empanelment Plan														
Sl No.	Name	Region	January	February	March	April	May	June	July	August	September	October	November	December
		Region												

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Annexure 'K'

e-GOVERNANCE IN CIVIL AVIATION (eGCA)

With the launch of eGCA, certain medical procedures have been shifted to on-line mode through various medical services as listed below. The user manuals are available on the DGCA website and their links are tabulated below for easy accessibility.

	Medical Service	URL Link for Procedure Manual*
1.	Medical Records Updation Process	https://www.dgca.gov.in/digigov-portal/jsp/dgca/homePage/viewPDF.jsp?page=topHeader/eGCA%20User%20Manual_License%20and%20Medical%20Records%20Updation%20Processes.pdf
2.	Process for Pilot to Apply for Issuance of Class 2 Medical Assessment	https://www.dgca.gov.in/digigov-portal/jsp/dgca/homePage/viewPDF.jsp?page=topHeader/eGCA%20User%20Manual_Process%20for%20Pilot%20to%20Apply%20for%20Issuance%20of%20Class%202%20Medical%20Assessment.pdf
3.	Process for Pilot to Apply for Renewal of Class 2 Medical Assessment	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20for%20Pilot%20to%20Apply%20for%20Renewal%20of%20Class%202%20Medical%20Assessment.pdf
4.	Process for Pilot to Apply for Class 1 Medical Assessment	https://www.dgca.gov.in/digigov-portal/jsp/dgca/homePage/viewPDF.jsp?page=topHeader/eGCA%20User%20Manual_Process%20for%20Pilot%20to%20Apply%20for%20Class%201%20Medical%20Assessment%20.pdf
5.	Process for Conduct of Medical Examination by DGCA Empaneled Examiner	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20for%20Conduct%20of%20Medical

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		%20Examination%20by%20DGCA%20Empaneled%20Examiners.pdf
6.	Process for Pilot to Apply for Issuance Medical for FATA	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20for%20Pilot%20to%20Apply%20for%20Issuance%20Medical%20for%20FATA.pdf
7.	Process for Pilot to Apply for Renewal Medical for FATA	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20for%20Pilot%20to%20Apply%20for%20Renewal%20Medical%20for%20FATA.pdf
8.	Process to request for Medical NOC - No Objection Certificate	https://www.dgca.gov.in/digigov-portal/jsp/dgca/homePage/viewPDF.jsp?page=topHeader/eGCA%20User%20Manual_Process%20to%20Apply%20Medical%20NOC.pdf
9.	Process for Aspirant Medical Examiner Registration	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Aspirant%20Medical%20Examiner%20Registration%20Process.pdf
10.	Process for Examiner to Apply for Empanelment	https://www.dgca.gov.in/digigov-portal/jsp/dgca/homePage/viewPDF.jsp?page=topHeader/eGCA%20User%20Manual_Process%20for%20Examiner%20to%20Apply%20for%20Empanelment.pdf
11.	Process for Examiner to Apply for Workshop (organized by DGCA)	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20for%20Examiner%20to%20Apply%20for%20Workshop.pdf

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12.	Process to Verify Digital Signature	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/eGCA%20User%20Manual_Process%20to%20Verify%20Digital%20Signature.pdf
13.	Process to apply for Amendment of Pilot Personal Details	https://www.dgca.gov.in/digigov-portal/jsp/dgca/topHeader/Process%20to%20Apply%20for%20Amendment%20of%20Pilot%20Personal%20Details.pdf

* *Copy the link and paste it in the address bar of any internet browser*

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Annexure 'L'

**PROCEDURE FOR CLASS 3 MEDICAL ASSESSMENT FOR AIR
TRAFFIC CONTROLLER OFFICERS (ATCOs)**

1. An applicant for grant/renewal of a Student Air Traffic Controller's licence or Air Traffic Controller's licence/rating shall hold a valid Class 3 Medical Assessment issued in accordance with the Civil Aviation Requirement CAR Section 7 Series C Part I Issue II dated 12 Oct 17 on 'Medical Requirements and Examination for Flight Crew/Air Traffic Controllers Licences and Ratings' (Revised on 05 Apr 21).
2. No ATCO shall exercise the privileges of his/her licence/ rating, unless he/she holds a valid Class 3 Medical Assessment.
3. It is therefore important to ensure that ATCOs are examined periodically and if any disability/disease occurs or is detected, a suitable aeromedical decision is taken for the fitness to perform their job.
4. The medical examination shall be carried out as per relevant DGCA procedures and ICAO guidelines on the subject.
5. An Air Traffic Controller, for a Medical Assessment, shall undergo a medical examination based on the following requirements (as per Para 6.5 of Chapter 6 of Annex 1- Personnel Licensing): -
 - (a) Physical and Mental Requirements
 - (b) Visual and Colour Perception
 - (c) Hearing Requirements
6. Class 3 Medical Assessment shall be valid from the date of medical examination for a period, not greater than: -

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- (a) 04 (four) years – For age up to 40 years
- (b) 02 (two) years – For age above 40 years but up to 50 years
- (c) 01 (one) year – For age above 50 years

(However, the remainder period of validity after the licence/rating holder attains the age of 40 years or 50 years shall be reduced to half)

Initial Medical Examinations

7. Initial Class 3 medical examination shall be carried out by DGCA empanelled Class 1 medical examiners only.

8. ATSTO/ATS-in-charge(s) shall seek appointment with the nearest available DGCA empanelled Class 1 Medical Examiner for medical examination. Applicants shall undergo medical investigations (as specified in Appendix 'A' to this procedure) within a period of 30 days from the examination date. On the date of appointment, the ATCO shall report to the Class 1 Medical Examiner with his/her identity proof and a recent passport size photograph (with name and date annotated on the front). The medical examination shall be conducted on Gol Form CA 34 (Re-revised). On completion of the medical examination, the medical examiner will hand over a copy of CA 35 ('Medical Certificate') to the applicant ATCO. The medical examiner will forward the signed medical reports (completed Form CA 34 & CA 35 along with all original investigation reports and opinions), by registered post/speed-post/courier, to Gp Capt Medical Service (Civil Aviation), at DGCA for approval and issuance of 'Medical Assessment', at the following address: -

Kind Attn: Gp Capt Medical Service (CA), Medical Directorate, Directorate
General of Civil Aviation, Headquarters, Opposite Safdarjung Airport,
Aurobindo Marg New Delhi – 110 003

"The following should be annotated on top of envelop and CA 34

'Class 3 Medical Examination Report'.

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Renewal Medical Examinations

9. All applicants for Class 3 medical examination shall undergo medical investigations for the Renewal Medical Examination (as per their age) as specified in Appendix 'A'.

10. Renewal of Class 3 medical examination will be carried out by DGCA empanelled Class 3 medical examiners. List of medical examiners is available on DGCA website at <https://www.dgca.gov.in/digigov-portal/?page=jsp/dgca/inventorylist/personal/medical/class3/class%203%20medical%20examiners.pdf>

11. Only the GoI Medical Examination Forms (CA 34/34A and CA 35) to be used by the DGCA empanelled Medical Examiners and these forms are to be filled by 'hand' only. After completion of medical examination, these forms shall be submitted by the Medical Examiner to DGCA for approval and issuance of Medical Assessment by the medical assessors at DGCA.

12. Applicants for Class 3 renewal medical examination shall indicate to the medical examiner whether a Medical Assessment has previously been refused, revoked or suspended and, if so, the reason for such refusal, revocation or suspension. They shall submit a copy of their last medical assessment and same shall be annotated at relevant Paras of CA-34 A.

13. While the Medical Assessment issued from DGCA is awaited, the ATCO shall be in possession of 'Medical Certificate' (CA 35) issued by the medical examiner for exercising the privileges of his/ her licence/ratings. However, Post Temporary Unfitness (TU) & Special Medical Examination, the ATCO can exercise the privileges of his/her license/ rating only after issuance of Medical Assessment by the DGCA.

14. The Medical Assessors at DGCA may supersede the aeromedical disposition given by the DGCA empanelled Medical Examiners. And, where necessary, the Medical Assessors at DGCA may declare the licence/rating holder 'Temporary Unfit or 'Permanent Unfit'. In such a scenario, the ATCO

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shall cease to perform his/her ATC duties immediately on receipt of information from DGCA or AMA, AAI.

15. The period of validity of the medical assessment shall commence from the date following the date of validity of the previous medical assessment, provided that the renewal medical examination has been conducted not earlier than a period of forty five days (45 days) prior to the 'date of expiry' of the validity of previous medical assessment.

16. The final recommendations for ATCO's medical assessment could be any one of the following: -

- (a) Medically Fit
- (b) Temporary Unfit
- (c) Permanently Unfit

17. ATCO shall not exercise the privileges of his/her licence/rating unless declared fit after a fresh medical examination in the event of his/her having suffered from a sickness or injury which: -

- (a) Renders him/her incapable of discharging his/her duties for a continuous period of more than 20 days.
- (b) Or is likely to cause unfitness or impair his/her efficiency in the discharge of duties.

18. In the above scenario, the licence holder shall immediately notify all the relevant details of the sickness or injury to AMA, AAI.

19. In case of sickness or injury involving unfitness for the work for which ATCO is licensed for a period of less than or equal to 20 days, the AMA, AAI can declare the ATCO medically fit after evaluating the medical documents. However, in certain cases the AMA, depending on the merits of such cases, issue final disposition for fitness after consultation with Med Directorate, DGCA.

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20. In case of absence from the duty for medical reasons (due to any surgery or illness) for a continuous period of more than 20 days or when due for review after 'Temporary Unfitness' period is over, the licence/rating holder shall undergo a Special Medical Examination. The procedure for this special medical examination is as under: -

- (a) After the licence/rating holder has clinically recovered, he/she will forward all relevant medical documents (by email) to the AMA, AAI.
- (b) AMA of AAI and DGCA Medical Directorate shall jointly take a decision on where to conduct the Special Medical Examination; at an IAF Boarding Centre or by DGCA empanelled Examiner.
- (c) The concerned licence/rating holder shall be conveyed to report to any IAF Boarding Centre (based on the availability of appointment) or Class 1/Class 3 Medical Examiner for Special Medical Examination. Thereafter, the licence/ rating holder has to apply for permission on the prescribed application format (**placed as Appendix 'B'**) and apply for medical appointment at IAF Boarding Centre on the prescribed format placed at **Appendix 'C'**.
- (d) The special medical examination shall be conducted for the relevant system only (Medical/Surgical/Ophthalmology/ENT) on form CA 34 A/35. The envelope shall be annotated as 'Special Medical Examination for Class 3 Assessment' in bold letters and forwarded to DGCA by the fastest means for issuance of Medical Assessment.
- (e) Once the licence/rating holder is accorded an appointment with DGCA empanelled Medical Examiner or at IAF Boarding Centre on prescribed format as per Appendix 'C'. The same shall be intimated to ATS-in-charge. And, once the Special Medical Examination is completed, the date and details of the special medical examination shall be intimated to AMA, AAI for upkeep of records.
- (f) Once Medical Assessment is issued by DGCA to the licence/rating holder, a copy of the same shall be submitted to ATS-in-

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charge by the licence/ rating holder, who shall communicate the same to AMA AAI through e-mail.

Note:- *Security and Confidentiality of Medical Forms and Records of ATCO's should be maintained at all time by DGCA Empanelled Class 3 Medical Examiners.*

Procedure for Medical Assessment during Pregnancy

21. On confirmation of pregnancy, an ATCO, shall not exercise the privileges of her ratings/ licence and inform ATS in-charge. She shall consult the AMA, AAI for her fitness to exercise privileges of her rating/ licence.

22. The ATCO shall submit the medical fitness report from her treating specialist in Obstetrics/Gynaecology and relevant investigation reports to AMA, AAI at the earliest to enable him/her to make the assessment on her medical fitness.

23. In case of 'low-risk' and 'uncomplicated' pregnancy, the fitness assessment shall be limited to the period until the end of the 34th week of gestation.

24. Post-pregnancy, in case of 'normal vaginal delivery', fitness shall be granted by AMA, AAI after reviewing her hospital discharge summary, relevant investigation reports and 'medical certificate' from her treating specialist in Obstetrics/Gynaecology.

25. Under following conditions, the concerned ATCO shall undergo a 'Special Medical Examination' by a DGCA empaneled Class 3 Medical Examiner:

- (a) Following termination of pregnancy; Spontaneous/ induced abortion (without any sequelae)
- (b) Delivery by a Caesarean Section
- (c) Complication following a vaginal delivery

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26. For the Special Medical Examination mentioned in para 25, the licence/rating holder shall follow the following procedure: -

- (a) Obtain a suitable medical appointment from any DGCA empanelled Class 3 Medical Examiner for Special Medical Examination.
- (b) Apply for permission for special medical examination on format as per Appendix 'B'.
- (c) Carry this permission along with all relevant medical documents including certificate from her treating Specialist in Obstetrics/Gynaecology, Hospital discharge summary and relevant investigation reports for Special Medical Examination.
- (d) The DGCA empanelled Class 3 Medical Examiner shall forward this 'Special Medical Examination' documents to Medical Dte (DGCA) as per the procedure given at Para 20, above.
- (e) Medical Assessment shall be issued by DGCA.
- (f) The licence/ rating holder shall exercise the privileges of licences/ rating only on receipt of medical assessment by Medical Assessor (DGCA).

Early Renewal Medical Examination

28. The licence/rating holder can undergo an early renewal medical examination provided he/she has completed half the validity period of previous medical assessment and not within 45 days of the expiry of validity of previous medical assessment. However, the licence/rating holder has to apply for early renewal medical examinations to DGCA Medical Directorate, on the prescribed form (placed as Appendix 'B') through AMA, AAI with tenable reasons. The licence/rating holder can undergo early renewal only after the approval of his/her application by Medical Directorate, DGCA.

Licence /rating holder can undergo an early renewal medical examination provided he/she has completed half the validity period of previous medical assessment.

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Lapse of Medical Assessment Validity

29. The Medical Assessment is considered 'invalid' after the validity date. In order to undergo renewal medical examination after the expiry of validity of medical assessment, the licence/rating holder has to apply to the Medical Directorate DGCA through AMA, AAI, on the prescribed format (placed as Appendix 'B') stating a tenable reason for the delay or the lapsed period. However, if the lapsed period (as calculated from the date of last medical examination) is four (04) years or more, a fresh Re- Initial Medical Examination shall be conducted. In case the ATCO is posted to the Regional/ Corporate HQs, AAI or on foreign course etc. where Class 3 Medical requirements is not necessitated, he/she should submit the official document to that effect to DGCA along with the application.

Appeal Procedure

30. In case an ATCO is awarded a Permanent or Temporary Medical Unfitness, the procedure for appeal against the decision of Medical Directorate, DGCA is laid down in Para 7 of CAR Section 7 Series C Part I Issue II dated 12 Oct 2017 on 'Medical Requirements and Examination for Flight Crew/Air Traffic Controllers Licences and Ratings' (Revised on 05 Apr 21).

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Appendix 'A'

MEDICAL INVESTIGATIONS (TO BE CARRIED OUT FOR ATCOs)

S.No	Occasion	Investigation to be Carried out
1.	Initial Medical Examination	(a) Blood Hb %, TLC & DLC (b) Urine RE, ME & Specific Gravity (c) ECG Resting (d) Blood Urea (e) Serum Creatinine (f) Blood Sugar (F&PP) (g) Lipid Profile (h) Liver Function Test (j) CXR (k) USG Abdomen and Pelvis (l) Ophthalmic Examination by Eye Specialist (m) Pure Tone Audiometry with ENT Splt Opinion
2.	Every Renewal Medical Examination	(a) Blood Hb %, TLC & DLC (b) Urine RE, ME & Specific Gravity (c) ECG Resting (To be opined by Medical / Aviation Medical Specialist) (d) Blood Urea (e) Serum Creatinine

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		(f) Blood Sugar (F & PP) from the age of 25 yrs and above (g) Ophthalmic Examination by Eye Specialist (h) Pure Tone Audiometry with ENT Splt Opinion (upto the age of 50 years)
3.	Medical Examination at 40 yrs and 50 yrs of age	(a) All investigations mentioned at S.No. 2 (b) Lipid Profile (c) Liver Function Test (d) USG Abdomen and Pelvis
4.	Once in 2 yrs after 50 yrs of age.	(a) All investigations mentioned at S.No. 2 (b) Lipid Profile (c) Liver Function Test (d) USG Abdomen and Pelvis (e) Pure Tone Audiometry

Note: - "For Female ATCOs, Gynaecologist opinion with every Medical Examination".

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Appendix 'B'

**APPLICATION FOR PERMISSION FOR EARLY/DELAYED/SPECIAL
/POST TEMP UNFIT/RENEWAL/RE-INITIAL MEDICAL EXAMINATION**

Medical Dte,
DGCA HQ
Opposite Safdarjung Airport, Aurobindo Marg
New Delhi – 110 003

Date:

1. I, (Name), PMR No 1-...../.....-L-2 (AAI Employee Id No:.....) request permission for undergoing early/delayed/special Class-III medical examination since (state reason(s) for delay or early medical examination).....
.....
.....
.....

2. My particulars are as follows: -

- (a) Email Id (In Capital letters)
- (b) Contact Number.....
- (c) Postal Address.....
- (d) Date of Birth (with Age on the date of this application):.....
- (e) Details of last medical
 - (i) Date Valid up to:
 - (ii) Place of Medical
 - (iii) Status Fit/ Temporary Unfit/ Permanent Unfit.....
- (f) Forthcoming Medical Date.....at Medical Centre/ Examiner.....

3. I hereby declare that I have not exercised the privileges of my license when my medical was not valid.

Yours faithfully,

Enclosures:

- 1. Copy of Last Medical Assessment issued by DGCA.
- 2. Documents supporting reason for delay/ early/ special e.g. medical certificates if reason is related to medical illness

REMARKS BY MED DTE DGCA

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Appendix 'C'

**APPLICATION FOR SEEKING MEDICAL APPOINTMENT AT IAF BOARDING CENTRE
FOR SPECIAL/ POST TEMPORARY UNFITNESS REVIEW MEDICAL EXAMINATION**

Medical Dte,
DGCA HQ,
Opposite Safdarjung Airport,
Aurobindo Marg, New Delhi – 110 003

1. Name (Capital Letters Only) _____
2. PMR File No _____
3. DOB _____ Age (As on date) _____
4. AAI Employee ID _____
5. Contact No. _____
6. E-Mail ID (Capital Letters only) _____
7. Details of Last Medicals Examination (a) Medical Centre/Examiner _____
(b) Date of Medical _____
8. Last Medical Valid up to (As per Medical Assessment _____
issued by DGCA Medical Cell/AMA, AAI)
Attach copy of last medical Assessment
9. Forthcoming Medical: -
(a) Medical Type (*Tick one option*)
a) Review after Temporary Unfit
b) Special Medical
*(Kindly attach necessary relevant medical documents like
Cure Certificate, Hospitalization Documents,
Investigations etc.)*
(b) Intended Dates of Appointment (for a) _____
IAF Boarding Centre Only) b) _____
(c) **Intended Centres** a) _____
(If all the options are filled, then b) _____
earliest date will be allotted in either c) _____
of the given options)

Place

Date

Signature of Individual

Remarks by AMA AAI

Remarks of Med Dte DGCA HQ Permitted Review/Special Medical Examination combined with
Re-Initial/Early/Delayed at

- i. Class 3 Medical Examiner
- ii. Class 1 Medical Examiner
- iii. IAF Boarding Centre (on _____ at _____)