

MEDICAL/PHYSICAL STANDARD

These standards are laid down to assess the fitness of a candidate for selection of Assistant Commandant (CPL) in ICG.

1. HEIGHT, WEIGHT AND CHEST

(a) **Height:** Minimum height required is 162 cms and maximum height is 197 cms, leg length minimum 99 cms.

Note:

(i) Height standards may be reduced by 05cm below 157cms in the case of Gorkhas, Nepalese, Assamese(including those from Nagaland, Mizoram, Meghalaya, Arunachal Pradesh, Manipur, Tripura, Garhwal, Sikkim, local tribes of Andaman and Nicobar Islands)

(ii) And upto 2 cm in case of candidates from Lakshadweep.

(b) **Weight:** The minimum acceptable weight that candidate of a particular age and height must have is tabulated below. These weights are based on BMI.

Table 1. Height / weight standards for male candidate (in kgs)

<u>Height in Cms</u>	<u>AGE IN YEARS</u>												
	16	18	20	22	24	26	28	30	32	34	36	38	40
152	44	45	46	47	48	48	49	49	50	50	50	51	51
155	45	46	47	49	50	50	51	51	52	52	52	53	53
157	46	47	49	50	51	51	52	53	53	53	54	54	55
160	47	48	50	51	52	53	53	54	54	56	56	56	57
162	48	50	52	53	54	54	55	55	56	56	57	57	58
165	50	52	53	55	56	56	57	57	58	58	58	59	59
168	52	53	55	57	58	58	58	59	59	60	60	61	61
170	53	55	57	58	59	60	60	61	61	62	62	62	63
173	55	57	59	60	61	62	62	62	63	64	64	65	65
175	57	59	61	62	62	63	64	64	65	66	67	67	67
178	59	61	62	63	64	65	66	67	67	68	69	69	70
180	61	63	64	65	66	67	68	69	70	71	71	72	72

183	63	65	67	67	68	70	71	72	72	73	74	75	75
185	66	67	69	70	71	72	73	74	75	76	77	77	78
188	68	70	71	72	74	75	76	77	78	79	80	81	81
190	70	72	73	74	76	78	79	80	81	82	82	83	84
193	72	74	76	77	78	80	81	82	83	84	85	86	87
195	75	77	78	79	81	82	83	85	86	87	88	89	90

Table 2. Height / weight standards for female candidate (in kgs)

Height in Cms	<u>AGE IN YEARS</u>									
	17-18	20	25	30	35	40	45	50	55	60
148	36	38.5	41	42.5	44	45	46.5	47	48.5	49
150	38.5	40.5	41.5	43.5	45	46	47	48	49	50
153	40.5	42	43.5	45.5	46.5	48	48.5	49.5	50.5	52
155	42	43	44.5	46	47.5	49	49.5	50	51.5	52.5
158	43	45	46.5	48	49.5	50.5	51.5	52	53	54.5
160	45	46	47.5	49	50.5	51.5	52.5	53	54	55.5
163	46	47.5	49	50.5	51.5	52.5	53	54	55.5	56.5
165	47.5	49	51	52	53	54	55	56	57	58
168	49	50	52	54	55.5	57	58	59	60	61
170	50	51	53	55	56	58	59	60	61	62
173	52	53	55	56	57	59	60	61	62	63
175	53.5	55	56.5	57.5	59	60.5	62	63	64	65

Note:

(i) The weight of any candidate should not however vary from the average by more than 10% of ideal weight.

(ii) Certain athletic individuals like wrestlers or bodybuilders may exceed the prescribed weight limit because of bigger muscle mass. In such individuals, assessment will be made of subcutaneous fat. For this purpose skin fold thickness of more than 23mm in males and 30mm in females (sub scapular) will be taken as indicative of obesity. If there is no excess of adipose tissue, such individuals will be considered fit. However in doubtful cases the opinion of Medical Specialist must be sought.

- (c) **Chest:**
- (i) Should be well proportioned without deformity of chest, congenital or acquired.
 - (ii) Expansion not less than 5 cms.
 - (iii) Absence of significant gynaecomastia in males, bilateral or unilateral

2. **Eyes:** Visual standard acceptable for various branches in ICG is as follows:-

Uncorrected without glass	Corrected with glass	Limit of Myopia	Limit of Hypermetropia	Binocular Vision	Limit of Colour Perception
6/6 6/9	6/6 6/6	-0.75	+1.5	III	I

Notes:

- (a) Vision in either eye of the candidate is required upto the standard. His/her eyes are to be bright, clear and with no obvious squint or abnormality. Movements of eye balls should be full and free in all directions.
- (b) **Distant Vision** - Candidates who do not qualify the distant vision standard (uncorrected without glass) will be declared unfit even if their other eye standards are within normal limits.
- (c) **Wearing of Spectacles.** Spectacles are permitted. The glasses should not have a tint darker than A2 tint.
- (d) **Wearing of Contact Lenses.** Contact lenses are permitted in all branches. However, the responsibility for their procurement, maintenance and for any complications resulting from their use, rests entirely on the individual. Exceptions are as (c) ibid.
- (e) **Muscle Balance.**
 - (i) Limits of Heterophoria (distant) at 6 meters (latent squint) tested by Maddox Rod (provided convergence insufficiency and other symptoms are absent):
 - (aa) Eso and Exophoria not to exceed eight prism dioptres.

- (ab) Hyperphoria not to exceed one prism dioptres.
- (ii) Limits of heterophoria(near) at 30cm by Maddox Wing:
 - (aa) Esophoria six prism dioptres.
 - (ab) Exophoria 16 prism dioptres.
 - (ac) Hyperphoria one prism dioptres.
- (f) Ocular movements must be full in all directions and the pupils should react normally to light and accommodation. Manifest squint is a cause for rejection.
- (g) **Visual Fields.** The Visual fields in each eye must be full as tested by confrontation method.
- (h) **Standard of colour Perception.** As reflected in the table for each branch and to be tested by MLT at a distance of 6M (20 feet). Test by Ishihara/Tokyo Medical College Book Test with no error.
- (j) Laser therapy for correction of Myopia is not acceptable.
- (k) Standard for Night Vision Acuity(NVA).
 - (i) Night vision is not to be tested as a routine. Candidate who complains of Night blindness are to be rejected.
 - (ii) Night Vision acuity is to be tested only if there is a history of congenital night blindness in the family or where there is a suspicion of night blindness in the candidate. In other cases, an assertion by the candidate (applicable only to candidates for GD branch) that neither he nor any of his family members suffers from congenital night blindness, will suffice.
- (l) Fundus and Media should be healthy with no evidence of degenerative and hereditary disorders.
- (m) Other causes for Rejection.
 - (i) Chronic inflammation of eyelids and adnexa.
 - (ii) Xerophthalmia.
 - (ii) Pterygium.

- (iv) Medial Opacities.
- (v) Abnormal pupillary reactions.

3. **Ear, Nose and Throat.**

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

Notes:

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

(ii) Even though when the ear is healthy, the tympanic membrane is intact and freely mobile, and there is no defective hearing on audiometry, but if the candidate has undergone a cortical mastoid operation, a successful myringoplasty or tympanoplasty, the candidate is to be rejected.

(b) **Nose.** Disease of the bones or cartilages of the nose, marked nasal allergy, nasal polyps, atrophic rhinitis, disease of the accessory Sinuses and nasopharynx are causes for rejection.

Note: Simple nasal deformity not causing disfigurement, minor simple deviation not interfering with nasal airway and small traumatic septal perforation which is asymptomatic are acceptable.

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

Note: Simple hypertrophy of the tonsils without associated history of attacks of tonsillitis is acceptable.

(d) Disease of the larynx and impediment of speech should be absent.

Note: Voice should be normal. Candidates with pronounced stammer will not be accepted.

4. **Neck.**

- (a) Disease of the thyroid gland is a cause for rejection.
- (b) Enlarged glands, tubercular or due to other diseases in the neck or other parts of the body are a cause for rejection.

Note: Scars of operations for the removal of tubercular glands are not a cause for rejection provided there has been no active disease within the preceding five years and the chest is clinically and radiologically clear.

5. **Skin and Sexually Transmitted Disease (STD):** A candidate should not have:-

- (a) Skin disease unless temporary or trivial.
- (b) Scars which by their extent or position cause or are likely to cause disability or marked disfigurement.
- (c) Hyperhydrosis palmar, plantar, or axillary.
- (d) Congenital, active or latent sexually transmitted diseases.

Note. In cases with old healed scar over the groin or penis/vagina suggestive of past STD, Blood will be tested for STD(Including HIV) to exclude latent sexually transmitted diseases.

6. **Respiratory System.**

- (a) History of chronic cough or bronchial asthma are cause for rejection.
- (b) Evidence of pulmonary tuberculosis is a cause for rejection.
- (c) Evidence of diseases of bronchi, lungs or pleurae detected on radiological examination of the chest will disqualify the candidate.

7. **Cardio-Vascular System.** A candidate should not have:-

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

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

(c) Blood pressure exceeding 140mm Hg systolic or 90 mmHg diastolic.

8. **Abdomen.** A candidate should not have:-

(a) Evidence of any disease of the gastro-intestinal tract. Enlargement of liver, gall bladder or spleen, tenderness on abdominal palpation, evidence/history of extensive abdominal surgery.

(b) Fistula in ano, anal fissure, or hemorrhoids, unless satisfactory treatment has been carried out.

(c) Inguinal or any other hernia or tendency thereto.

Note. Those who have been operated for hernia/hydrocele, varicose-veins, vericocele may be declared fit provided:

(i) Six months have elapsed since the operation for hernia and six weeks for other operations. Documentary proof to this effect is to be produced by the candidate.

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

(iii) There is no recurrence of hernia or any other complication connected with the operation.

9. **Genito-urinary system.** A candidate should not have:-

(a) Any evidence of defect/disease of genital organ, hydrocele, varicocele.

(b) Disease or malformation of the kidneys or urethra.

(c) Incontinence of Urine, nocturnal enuresis.

(d) Any abnormality on examination of urine including albuminuria or glycosuria.

(e) Bilateral undescended testis, Unilateral undescended testis, retained in the inguinal canal or at the external abdominal ring unless corrected by operation.

Note. Absence of one testis is not a cause for rejection unless the testis has been removed on account of disease or its absence has affected the physical or mental health of the candidate.

10. **Central Nervous System.**

- (a) Organic disease of Central Nervous System is not acceptable.
- (b) Tremors, not acceptable.
- (c) Candidates with history of fits or recurrent attacks of headache/migraine will not be accepted.

11. **Psychiatric Disorders.** History or evidence of mental disease or nervous instability in the candidate or his family not acceptable.

12. **Women Candidates.** They should not be pregnant and should also be free from any gynecological disorder such as primary or secondary Amenorrhoea/Dysmenorrhoea/Menorrhagia.

13. **Dental Condition.** It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication. Teeth not considered necessary for efficient mastication are allotted one point each, and those essential two points each.

(a) Dental points less than 14 are a cause for rejection. A candidate must have a minimum of 14 dental points to be acceptable in order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in either jaw.

(i) Central incisor, lateral incisor, canine, 1stPremolar, 2nd Premolar and under developed third molar- one point each.

(ii) 1st molar, 2nd molar and fully developed 3rdmolar - 2 points each.

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

(b) The following teeth in good functional apposition must be present in each jaw:

- (i) Any 4 of the anteriors.
- (i) Any 6 of the 10 posteriors.

All teeth must be sound/repairable.

(c) Candidates suffering from severe pyorrhoea will be rejected. When the state of pyorrhoea is such that in the opinion of the dental officer, it can be cured without extraction of teeth, the candidates may be accepted. A note about the affected teeth is to be inserted by the dental officer in the medical documents(AFMSF-2A).

(d) Artificial dentures are a cause for rejection, however ex-servicemen, deputationists, and those seconded from other Government departments having well fitted dentures may be accepted except divers.

14. **Major Defects for Rejection are as under:**

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

Note. Muscular wasting is to be judged entirely by its effect on function.

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

(c) Disease or abnormal curvature of the spine. Scoliosis more than 10 by Cobb's method in less than 25 years of age, and 15 in more than 25 years of age. X-Ray of spine may be done on the advice of the appropriate specialist.

(d) Skeletal deformity either hereditary or acquired, and disease or impairment of function of bones or joints.

Note. Rudimentary cervical rib causing no signs or symptoms is acceptable.

(e) Asymmetry of torso or limbs, abnormality of locomotion including amputation.

(f) Deformity of feet and toes.

15. **Acceptable Defects on Entry.** Candidates for the Coast Guard with the following minor defects may be accepted. These defects are however to be noted in the medical forms on entry.

- (a) Knock knees with a separation of less than 5 cm at the internal malleoli.
- (b) Mild curvature of legs not affecting walking or running Intercondylar distance should not be over 7 cm.
- (c) Mild hammer toe and minor degree of hallux valgus.
- (d) Flexible flat feet with no significant history of pain.
- (e) Healed perforation of the ear drum without any discontinuity is acceptable, provided the hearing is normal.
- (f) Mild stammering not affecting expression.
- (g) Mild degree of varicocele.
- (h) Mild degree of varicose veins.
- (j) The carrying angle of elbow should not be more than 10 degrees for male candidate and 15 degrees for female candidates.

Note. Remedial operations where ever required are to be performed prior to entry. No guarantee is given of ultimate acceptance and it should be clearly understood by a candidate that the decision whether an operation is desirable or necessary is one to be made by his/her private medical advisor, The Government will accept no liability regarding the result of operation or any expenses incurred.

- (k) Any other slight defect which produces no functional disability and which in the opinion of the medical officer/medical board will not interfere with the individuals efficiency as an officer or enrolled personnel.

Medical Procedure

(a) **Special Medical Board (SMB)**. The candidates recommended by the FSB board/ clear stage-III will undergo a special medical examination by a Board of service medical officers at Base Hospital, New Delhi. It takes 4 to 5 days' time to complete the special medical board (SMB). Only those candidates, who are declared fit by the SMB, will be considered for merit. Candidates declared unfit by the SMB have the liberty to undergo appeal medical board (AMB). The following investigations will be carried out mandatorily during Special Medical Board. However, Medical Officer / Medical Board examining a candidate may ask for any other investigation as required or indicated:

- (i) Complete Haemogram
- (ii) Urine RE/ME
- (iii) X Ray Chest PA view
- (iv) USG abdomen & pelvis

(b) **Appeal Medical Board(AMB)**. The Appeal Medical Board will be held at one of the following hospitals:-

1. Base Hospital, Delhi Cantt.
2. Command Hospital, Southern Command, Pune.
3. Command Hospital, Eastern Command, Kolkata.
4. Command Hospital, Central Command, Lucknow.
5. Command Hospital, Western Command, Chandimandir.
6. Command Hospital, Air Force, Bangalore.
7. Command Hospital, Northern Command, Udampur
8. INHS, Ashvini, Mumbai.

The candidates will report for medical examination within the stipulated period i.e., 42 days from the date last examined by the Special Medical Board for re-examination along with the receipted copy of the e-MRO of Rupees 40/- as directed by the President Medical Board.

(c) **Review Medical Board(RMB)**

In case of candidate being declared unfit by the Appeal Medical Board, he/she may challenge the proceedings and may be granted review of medical proceedings based on the merit of the case. Any candidate desiring for a review should address the request to Director General {for Principal Directorate (Recruitment)} Indian Coast Guard with a copy to the President of Appeal Medical Board within one day of the holding of Appeal

Medical Board. The application for RMB is routed to DG AFMS through DMS, CGHQ. The decision for grant of RMB is with DG AFMS, and is not a matter of right. RMBs are conducted at R&R Hospital Delhi Cantt and AFMC, Pune. Decision of RMB will be final. No further appeal will be accepted.