

CONSENT FORM FOR PHYSICAL FITNESS TEST (PFT) & MEDICAL TESTS
(Applicable in respect of candidates who are above or below 18 years of age)

*I, **AUTO FILL** (candidate's name) son/ ward of _____ (name of father/ mother/ guardian), date of birth is **AUTO FILL** (applicable for candidate above 18 years of age) do hereby give my consent to appear in the physical/ medical tests as prescribed for selection in the Indian Air Force, at my own risk. I am aware that no compensation in any form shall be claimed, in respect of injuries/ casualties sustained, if any.

OR

*I, father/ mother/ guardian of **AUTO FILL** (name of the candidate) whose date of birth is **AUTO FILL** (applicable for candidate below 18 years of age) do hereby give my consent for son/ ward to appear in the physical/ medical tests as prescribed for selection in the Indian Air Force, at his/ own risk. I am aware that no compensation in any form shall be claimed, in respect of injuries/ casualties sustained, if any.

Signature of Candidate/ *Parent/ *Guardian_____

Name of Candidate/ Parent/ Guardian_____

Relation with the candidate_____

Mobile number of parent/ guardian_____

Date: