

Combined Defence Services Examination information is as following

CDS : CDS Exam is conducted by the Union Public Service Commission (UPSC) to recruit officers in Indian Defence Services, including the Indian Army, Navy, and Air Force. CDS exam assesses candidates' intelligence, aptitude, and personality traits. It is held twice a year, and successful candidates undergo rigorous training at prestigious academies like the Indian Military Academy (IMA), Naval Academy, and Air Force Academy. Read this article to check CDS Full Form, CDS Eligibility, CDS Selection Process, and more.

Aspiring candidates, typically graduates, can choose their preferred service branch and undergo a comprehensive selection process that includes a written examination, followed by an interview conducted by the Services Selection Board (SSB). The CDS examination is a pathway for individuals with a strong sense of patriotism and a desire to serve their country as officers in the armed forces.

CDS stands for Combined Defence Services examination, a recruitment process administered by the Union Public Service Commission (UPSC) in India. The CDS exam serves as a gateway for aspiring candidates seeking to join the Indian Armed Forces, including the Army, Navy, and Air Force.

Held twice a year, the examination evaluates candidates' intelligence, aptitude, and interpersonal skills. Graduates from diverse academic backgrounds can opt for their preferred service branch and, upon successful completion, undergo rigorous training at prestigious institutions like the Indian Military Academy (IMA), Naval Academy, and Air Force Academy.

CDS Selection Process

CDS Selection Process involves a series of stages designed to assess the candidates' aptitude, intelligence, and physical fitness.

1. **Written Examination:** Candidates must first qualify in the written examination, which comprises multiple-choice questions and tests their knowledge in subjects such as English, General Knowledge, and Elementary Mathematics. The written exam is held separately for each academy.
2. **Interview/Personality Test:** Candidates who pass the written examination are shortlisted for the interview/personality test conducted by the Services Selection Board (SSB). This stage evaluates candidates' officer-like qualities, leadership skills, and suitability for a career in the defense forces. The interview/personality test includes various tasks, group discussions, and personal interviews.
3. **Document Verification:** Shortlisted candidates must submit their original documents for verification, including educational certificates, age proof, and other relevant documents.
4. **Medical Examination:** Candidates who clear the interview/personality test undergo a thorough medical examination conducted by a Military Hospital to assess their medical fitness. The medical examination ensures that candidates meet military service's physical and medical standards.
5. **Final Merit List:** The final selection is based on the candidate's performance in the written examination, interview/personality test, and medical examination. A merit list is prepared, and candidates are allotted seats in the respective academies based on their ranks and preferences.

CDS Exam Eligibility Criteria

As we delve into the prerequisites of the CDS exam, it is imperative for us, as aspirants, to meticulously comprehend the eligibility criteria. The framework of these criteria serves as the foundation upon which our journey to join the Indian Defence Forces is built. Here, we lay out the specifics that you must meet to ensure your candidacy is valid and recognized. Nationality Indian citizenship is a primary requirement, though subjects of Bhutan, Nepal, and Tibetan refugees who arrived before January 1,

1962, are also considered eligible under specific conditions. Candidates who are persons of Indian origin who have migrated from select countries with the intention of permanently settling in India may also apply.

Educational Qualification:

A bachelor's degree from a recognized university is the academic cornerstone for the Indian Military Academy (IMA) and the Officers' Training Academy (OTA).

For the Air Force Academy (AFA), a degree in Engineering or a Bachelor of Science with Physics and Mathematics in 10+2 or 12th standard is required. Aspiring Naval Academy (INA) candidates must hold a degree in Engineering.

Age and Marital Status The age requirements vary:

IMA candidates must be between 19 to 24 years, AFA aspirants 20 to 24 years, INA applicants 19 to 22 years, and OTA candidates 19 to 25 years. Marital status plays a crucial role; all candidates must be unmarried, with the exception of OTA aspirants, where certain relaxations are provided for divorcees or widows without encumbrances.

The Combined Defence Services (CDS) Exam, conducted by the Union Public Service Commission (UPSC), follows a structured pattern for the admission process. For candidates seeking admission to the Indian Military Academy, Indian Naval Academy, and Air Force Academy, the written exam comprises three subjects: English, General Knowledge, and Mathematics. Each subject is allotted a duration of 2 hours and carries a maximum of 100 marks, making the total marks for the written exam 300. In addition to the written exam, candidates must also undergo the Services Selection Board (SSB) Test/Interview, which spans over five days and is evaluated out of 300 marks.

For those aspiring to join the Officers' Training Academy, the exam pattern is slightly different. The written exam includes only two subjects: English and General Knowledge, each with a duration of 2 hours and a maximum of 100 marks, totaling 200 marks for the written portion. Similar to the other academies, candidates must also clear the SSB Test/Interview, which also lasts five days and is scored out of 300 marks. This comprehensive examination process ensures that only the most qualified candidates are selected for these prestigious defense academies.

The training for candidates selected through the Combined Defence Services (CDS) examination is a rigorous and comprehensive process aimed at shaping them into competent and disciplined officers in the Indian Armed Forces. The nature of training varies depending on the service branch – Army, Navy, or Air Force – and the specific academy to which the candidate is admitted. Candidates selected for the Army undergo training at the Indian Military Academy in Dehradun and the Officers Training Academy in Chennai. The training at IMA is designed to develop leadership skills, physical fitness, and a deep sense of discipline. Successful candidates for the Indian Navy receive training at the Indian Naval Academy in Ezhimala, Kerala. Naval training emphasizes maritime skills, navigation, naval operations, and leadership development. Aspirants selected for the Indian Air Force undergo training at the Air Force Academy in Dundigal, Hyderabad. The training at AFA focuses on aeronautical skills, flying training, and leadership in the Air Force context.

HOW TO APPLY for cds

To apply for the Combined Defence Services (CDS) Exam, candidates must follow an online application process using the UPSC's official website, upsconline.nic.in. The first step involves registering on the One Time Registration (OTR) platform available on the website. This registration is a one-time process and can be done at any time throughout the year. Once registered, candidates can proceed to fill out the online application form for the CDS examination.

The Union Public Service Commission (UPSC) releases notifications for the CDS exam twice a year, known as CDS 1 and CDS 2. The notification for CDS 1 is typically released in December or January, with the examination taking place in April. For CDS 2, the notification is usually published in May or June, and the exam is held in September. This biannual schedule allows aspiring candidates multiple opportunities to apply and qualify for the prestigious defense academies.

The scheme, standard, and syllabus of the Combined Defence Services (CDS) Examination are structured to comprehensively evaluate candidates. The CDS examination consists of a written examination and an interview for intelligence and personality assessment at one of the Services Selection Centres. For admission to the Indian Military Academy, Indian Naval Academy, and Air Force Academy, the written examination includes subjects such as English (Code 11) for 2 hours with 100 marks, General Knowledge (Code 12) for 2 hours with 100 marks, and Elementary Mathematics (Code 13) for 2 hours with 100 marks. For admission to the Officers' Training Academy, the subjects include English (Code 11) for 2 hours with 100 marks, and General Knowledge (Code 12) for 2 hours with 100 marks. The written examination and the interview each have a total of 300 marks for the Indian Military Academy, Indian Naval Academy, and Air Force Academy, and 200 marks for the Officers' Training Academy. All question papers are objective type, with the General Knowledge and Elementary Mathematics papers being bilingual (Hindi and English). The question papers will use the metric system of weights and measures. Candidates must write their papers themselves; the use of scribes is not permitted. The UPSC may set qualifying marks for any or all subjects. Calculators are not allowed in the examination hall.

Standard and Syllabus of the Examination: The Elementary Mathematics paper is of Matriculation level, while other subjects are of a level expected of a graduate of an Indian University. The syllabus for English (Code No. 01) is designed to test candidates' understanding of English and their ability to use words effectively. The syllabus for General Knowledge (Code No. 02) includes knowledge of current events and everyday observations, scientific aspects, history of India, and geography. The syllabus for Elementary Mathematics (Code No. 03) covers Arithmetic, including natural numbers, integers, rational and real numbers, fundamental operations, square roots, time and distance, percentages, interest, profit and loss, ratio and proportion, variation, and elementary number theory. Algebra covers basic operations, factorization, quadratic equations, simultaneous linear equations, set language, and laws of indices. Trigonometry covers basic trigonometric functions and identities, trigonometric tables, and simple cases of heights and distances. Geometry covers lines and angles, plane figures, properties of triangles, parallelograms, rectangles, squares, circles, and loci. Mensuration includes areas of various geometric figures, surface area and volume of cuboids, cones, cylinders, and spheres. Statistics covers data collection and tabulation, graphical representation, and measures of central tendency.

Preference System in CDS examination is as follows:

The Indian Army publishes vacancies for men and women separately for various entries, taking into account the operational and administrative needs of the force as envisaged in the existing and future scenarios. Although the vacancies for men and women categories for SSC(NT) Courses are notified through a common notification, the selection for both these categories is done in a gender-pure manner where men and women are tested separately. The preparation of final merit lists for both these categories is also done separately and in a gender-pure manner. The date of holding the examination is liable to be changed at the discretion of the Commission. The number of vacancies is tentative and may be changed at any stage by Services HQ.

A candidate is required to specify clearly in the respective column of the Online Application the services for which he/she wishes to be considered in the order of his/her preference. A male candidate is advised to indicate as many preferences as he wishes to, subject to the conditions given below, so that due consideration can be given to his preferences when making an appointment. Since women candidates are eligible for OTA only, they should give OTA as their first and only preference. If a male candidate is competing for Short Service Commission (Army) only, he should indicate OTA as the one and only choice. However, a male candidate competing for the Short Service Commission Course at OTA as well as the Permanent Commission course at IMA, Indian Naval Academy, and Air Force Academy should indicate OTA as his last preference; otherwise, OTA will be deemed to be the last choice even if it is given a higher preference by the candidate. Women candidates are being considered only for

Short Service Commission at OTA and should indicate OTA as the only choice. Candidates who desire to join Air Force Academy must indicate AFA as their first choice, as they have to be administered the Computer Pilot Selection System (CPSS) and/or AF Medicals at Central Establishment/Institute of Aviation Medicine. Choices exercised for AFA as second/third, etc., will be treated as invalid. Candidates should note that, except as provided below, they will be considered for appointment to those courses only for which they exercise their preference and for no other courses.

The leftover candidates of IMA/Indian Naval Academy/Air Force Academy courses, those who have been recommended by the Union Public Service Commission for grant of Permanent Commission on the basis of the final results of this examination but who could not be inducted on these courses for any reason whatsoever, may be considered for grant of SSC even if they have not indicated their choice for this course in their applications, if they are subsequently willing to be considered for this course subject to the following conditions: (i) There is a shortfall after detailing all the candidates who competed for the SSC Course, and (ii) The candidates who are detailed for training, even though they have not expressed their preference for SSC, will be placed in the order of Merit List after the last candidate who had opted for this course, as these candidates will be getting admission to the course to which they are not entitled according to the preference expressed by them. Candidates with Air Force as the first and only choice cannot be considered as leftover for the grant of SSC (OTA) if they fail in the Computer Pilot Selection System (CPSS) and/or Pilot Aptitude Battery Test. Such candidates, if they desire to be considered for SSC (OTA), should exercise their option for OTA also.

NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) holders may also compete for the vacancies in the Short Service Commission Course but since there is no reservation of vacancies for them in this course, they will be treated as general candidates for the purpose of filling up vacancies in this course. Candidates who have yet to pass the NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) examination, but are otherwise eligible to compete for the reserved vacancies, may also apply but they will be required to submit the proof of passing the NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) examination to reach the IHQ of MoD (Army) / Dte Gen of Rtg (Rtg A) CDSE Entry for SSC male candidates and SSC women entry for female candidates West Block III, R. K. Puram, New Delhi-110066 in case of IMA/SSC first choice candidates and IHQ of MOD (Navy) DMPR, (OI&R Section), Room No. 204, 'C' Wing, Sena Bhawan, New Delhi-110011 in case of Navy first choice candidates and Dte of Personnel (Offrs), Kasturba Gandhi Marg, New Delhi-110001. Phone No. 23010231 Extn. 7645/7646/7610 in case of Air Force first choice candidates by 13th November, 2024. To be eligible to compete for reserved vacancies, the candidates should have served for not less than 3 academic years in the Senior Division Army Wing Air Wing/Naval Wing of the National Cadet Corps and should not have been discharged from the NCC for more than 24 months for IMA/Indian Naval Academy/Air Force Academy courses on the last date of receipt of the Application in the Commission's Office.

In the event of a sufficient number of qualified NCC 'C' Certificate (Army Wing (Senior Division)/ Air Wing/Naval Wing) holders not becoming available on the results of the examination to fill all the vacancies reserved for them in the Indian Military Academy Course/Air Force Academy Course/Indian Naval Academy Course, the unfilled reserved vacancies shall be treated as unreserved and filled by general candidates. Admission to the above courses will be made on the results of the written examination to be conducted by the Commission followed by intelligence and personality tests by the Services Selection Board of candidates who qualify in the written examination. The details regarding the scheme, standard, syllabus of the examination, instructions to candidates for filling up the Online Application Form, special instructions to candidates for objective type tests, guidelines with regard to physical standards for admission to the Academy, and brief particulars of services, etc. for candidates joining the Indian Military Academy, Indian Naval Academy, Air Force Academy, and Officers' Training Academy are given in Appendices I, II, III, IV, and V respectively.

Special Instructions to Candidates for objective type tests: Candidates are allowed to bring only a clipboard or hard board (with nothing written on it) and a good quality black ball pen for marking responses on the Answer Sheet into the Examination Hall. The Answer Sheet and a sheet for rough work will be supplied by the invigilator. No other articles, including valuable or costly items, mobile phones, smart or digital watches, other IT gadgets, books, bags, notes, loose sheets, electronic or other types of calculators, mathematical and drawing instruments, log tables, stencils of maps, slide rules, test booklets, or rough sheets from previous sessions, are permitted inside the Examination Hall.

Possession (even in switch-off mode) or use of mobile phones, Bluetooth devices, pagers, or any other communication devices, or any other incriminating material (such as notes on e-admit cards, papers, erasers, etc.) inside the examination premises will lead to disciplinary action, including a ban from future examinations. Candidates are advised not to bring any banned items, including mobile phones or Bluetooth devices, to the examination venue, as no arrangements for safekeeping will be made. The Commission will not be responsible for any loss in this regard. There is a penalty (negative marking) for wrong answers marked in the objective type question papers. Each question has four alternatives, and for each wrong answer, one-third (0.33) of the marks assigned to that question will be deducted. If a candidate gives more than one answer, it will be treated as a wrong answer and the same penalty will apply. There is no penalty for questions left blank. No candidate shall copy from another's papers nor allow their papers to be copied nor seek or provide irregular assistance. Misbehavior, creating disorder, or harassing examination staff will be severely penalized. Candidates must write their Centre and subject, followed by the test booklet series, subject code, and roll number in the appropriate spaces on the answer sheet using a black ball pen. They must also encode their booklet series (A, B, C, or D), subject code, and roll number in the circles provided on the answer sheet. Any omission, mistake, or discrepancy in encoding these details, especially regarding the roll number and test booklet series code, will render the answer sheet liable for rejection. Candidates should check that the test booklet provided has no unprinted, torn, or missing pages or items, and if so, they should get it replaced immediately. Candidates should not write their name or anything other than the specific items of information asked for on the answer sheet, test booklet, or rough work sheet. They should not fold, mutilate, damage, or put any extraneous marking on the answer sheet, nor write anything on its reverse. Since the answer sheets will be evaluated by computerized machines, candidates should handle and fill them out carefully, using only black ball pen to darken the circles. In the objective type examination, candidates do not write answers but choose one response to each item from the several suggested answers provided. They must mark their response by completely blackening the circle with a black ball pen. Candidates must write the papers in their own hand and are not allowed the help of a scribe under any circumstances. Candidates must fill in the relevant particulars with a black ball pen in the Scannable Attendance List, blackening the circles for Present/Absent, Test Booklet Series, and corresponding to the Answer Sheet Serial No., and append their signature. They should read and abide by the instructions on the cover of the Test Booklet. Disorderly or improper conduct will result in disciplinary action or a penalty as deemed fit by the Commission.

MEDICAL STANDARDS AND PROCEDURE OF MEDICAL EXAMINATION FOR OFFICER ENTRIES INTO ARMY for CDS exam: The medical standards described are general guidelines and are subject to change with advancements in scientific knowledge and evolving conditions in the Armed Forces due to new equipment or trades. Candidates must be in good physical and mental health and free from any condition likely to interfere with military duties under any terrain, climate, or condition, including remote areas with minimal medical aid. Candidates should be free from medical conditions requiring frequent medical visits or the use of aids or drugs. Specific conditions that disqualify candidates include weak constitution, congenital deformities, diseases, syndromes, or malformations. There should be no swelling, tumors, cysts, or sinus/fistula formations. The skin should be free from pigmentation disorders or other diseases. Candidates should not have hernias, scars impairing function, or arterio-venous malformations. There should be no malformations of the head, face, vision or hearing impairments, speech impediments, or abnormalities of the nose, palate, throat, heart, blood vessels, lungs, digestive system, endocrine system, or genito-urinary system. Psychological examinations during selection will assess candidates further, and any abnormal traits may result in rejection. Common disqualifying conditions include musculoskeletal deformities, visual and auditory impairments, dental issues, chest and abdominal abnormalities, nervous system disorders, and skin diseases. Weight-for-height charts are prepared based on BMI and specify the minimum acceptable weight for candidates. Weights below the specified minimum are unacceptable, while weights above the maximum limit are acceptable only for candidates with documented evidence of body building, wrestling, or boxing at the National level. Such candidates must meet the criteria of having a Body Mass Index below 25, waist circumference less than 90 cm for males and 80 cm for females, and all biochemical metabolic parameters within normal limits. The minimum height required for male candidates is 157 cm or as specified by the recruiting agency, with exceptions for certain regions. For female candidates, the minimum height is 152 cm, with exceptions for specific regions. Investigations for all officer entries include a complete haemogram, urine RE, chest X-ray, and USG abdomen and pelvis. Vision standards vary by entry type, with specific criteria for uncorrected vision, myopia, hypermetropia, and colour perception. Candidates

who have undergone kerato-refractive procedures like LASIK must provide a certificate specifying the surgery details and meet additional criteria. The medical examination process includes a review by various specialists and, if needed, an Appeal Medical Board. Female candidates will be examined by female medical officers or in their presence if unavailable. Candidates who have undergone surgery may be declared fit only after meeting specific recovery timelines, with particular conditions for various types of surgery.

MEDICAL STANDARD AND PROCEDURE OF MEDICAL XAMINATION FOR OFFICER ENTRIES INTO NAVY for CDS exam: Candidates must meet standard minimum and maximum weight criteria for height, with those falling below the minimum being automatically disqualified. Male candidates exceeding the weight limit may be accepted only under exceptional circumstances, such as documented evidence of body building or muscular build, provided their Body Mass Index (BMI) does not exceed 25, their Waist-to-Hip Ratio is less than 0.9, and all biochemical parameters are within normal limits. Fitness certification must be provided by a Medical Specialist. The minimum acceptable height is 157 cm, though relaxations apply to certain groups: 155 cm for tribals from Ladakh, Andaman & Nicobar, Lakshadweep, and Minicoy Islands; 152 cm for Gorkhas, Nepali, Assamese, Garwali, Kumaoni, and Uttarakhand residents; 152 cm for Bhutan, Sikkim, and North East Region residents; and 155 cm for exceptionally talented sports candidates. Medical examinations must ensure that candidates are intelligent, have good hearing, vision, speech, and no signs of ear, nose, or throat disease. Candidates should have well-formed limbs, a healthy chest, no glandular swelling, and no evidence of hernia or congenital malformations. Major defects leading to rejection include weak constitution, congenital malformations, scoliosis with a Cobb's angle exceeding 15 degrees at the lumbar spine or 20 degrees at the dorsal spine, skeletal deformities, asymmetry, deformities of feet and toes, hyperextensible finger joints, mallet finger, polydactyly, syndactyly, polymazia, hyperostosis frontalis interna, and healed fractures of major joints. Cubitus recurvatum over 10 degrees, cubitus valgus, and hyperextension at the elbow joint exceeding 10 degrees are also grounds for disqualification. Candidates for entry must meet specific medical standards to ensure fitness for service. **Eye conditions** considered unfit include deformities or morbid conditions of the eye or eyelids, any degree of manifest squint, active trachoma or its complications, and visual acuity below the prescribed standards. The standards for visual acuity include uncorrected vision of 6/12, corrected vision of 6/6, myopia within -1.0 D sph, hypermetropia within +2.0 D sph, astigmatism within ± 1.0 D sph/cyl, binocular vision III, and colour perception I. Candidates with a history of kerato-refractive surgery like PRK/LASIK/SMILE must meet additional requirements, including a minimum of 12 months post-surgery, and specific residual refraction limits. **Ptosis** must be post-operative with no recurrence, clear visual axis, and normal visual fields. Conditions such as exotropia, anisocoria greater than 1mm, heterochromia iridum, sphincter tears, pseudophakia, lenticular opacities affecting vision, optic nerve drusen, high cup-disc ratio, keratoconus, and lattice degeneration with specific criteria are also considered. **Ear, Nose, and Throat** conditions include a history of ear issues, diseases of the external auditory canal, nasal deformities, nasal polyposis, and throat disorders. **Dental** conditions require a minimum of 14 dental points, with specific criteria for sound teeth and excluding artificial dentures. **Neck** issues such as enlarged glands or diseases of the thyroid gland must be assessed carefully. **Chest** conditions include deformities, reduced expansion, and significant gynecomastia. **Skin and STI** conditions cover temporary or trivial skin diseases, scars causing disability or disfigurement, hyperhidrosis, and sexually transmitted infections, including latent conditions. **Respiratory** conditions include chronic cough, bronchial asthma, and pulmonary tuberculosis. **Cardiovascular** criteria involve functional or organic heart diseases, abnormal blood pressure, and ECG abnormalities, with specific procedures for further evaluation. **Abdomen** conditions focus on diseases of the

gastro-intestinal tract, post-operative assessments for hernias, and other abdominal surgeries.

Genito-Urinary criteria involve diseases of genital organs, undescended testis, and abnormalities of the kidneys or urethra. **Central Nervous System** conditions include organic diseases, tremors, fits, and recurrent migraines. **Psychiatric** disorders involve any history or evidence of mental disease or nervous instability. **Lab Investigations** consider polycythemia, monocytosis, and eosinophilia as grounds for rejection. Acceptable minor defects include mild knock knees, leg curvature, stammering, varicocele, and varicose veins. Remedial operations should be performed prior to entry, with no guarantee of ultimate acceptance and no liability for outcomes or expenses incurred.

MEDICAL STANDARD AND PROCEDURE OF MEDICAL EXAMINATION FOR OFFICER ENTRIES INTO AIR FORCE for CDS: The standardized guidelines for the physical assessment of candidates for commissioning into the Flying Branch of the Indian Air Force (IAF) through the Combined Defence Services Examination (CDSE) are elaborated to ensure uniform physical standards and to confirm that candidates are free of health conditions that might impair their performance. These guidelines are to be applied in conjunction with standard clinical examination methods. Candidates must meet basic physical fitness standards to endure the rigorous training and subsequent service in various climatic and work environments. They must demonstrate both physical and mental capabilities to withstand prolonged physical and mental strain. While medical fitness requirements are generally similar across all branches, aircrew candidates face more stringent criteria, particularly concerning visual acuity, anthropometry, and other physical standards.

The initial examination results are recorded on AFMSF – 2 and include a questionnaire that the candidate must complete truthfully and sign, underscoring the importance of all aspects of the questionnaire, including legal considerations. Any undisclosed disabilities or significant past history revealed later may lead to disqualification. Additionally, a comprehensive medical and surgical examination, including dental, ophthalmic, ear, nose, and throat examinations, is conducted. Mandatory laboratory and radiological investigations include a complete hemogram, liver and renal function tests, urine routine examination and microscopy, abdominal and pelvic ultrasound, chest X-ray in PA view, X-ray of the lumbar spine in AP and lateral views, and an ECG. The physical assessment requires candidates to meet minimum standards in various parameters, ensuring that they fall within acceptable ranges and proportions. Candidates with residual effects from old fractures or injuries are assessed for any functional limitations, with spine injuries, significant nerve injuries, and large or multiple keloids being causes for rejection. Surgical scars, birthmarks, and subcutaneous swellings are evaluated, with extensive scarring or functional impairment leading to disqualification. Cervical ribs are accepted if there is no neuro-vascular compromise, which must be documented. Cranio-facial deformities that interfere with the fitting of military equipment are considered unfit, as are candidates who have undergone major abdominal, cranial, or thoracic surgeries. In terms of measurements and physique, the chest must be well-proportioned and developed, with a minimum circumference of 77 cm and an expansion of at least 5 cm. The minimum height for the Flying Branch is 162.5 cm, with specific acceptable measurements for sitting height, leg length, and thigh length. For ground duty branches, the minimum height is 157.5 cm, with reduced minimum heights for candidates from certain regions. Body weight parameters are defined relative to age and height, with acceptable variations and additional criteria for candidates with documented evidence of bodybuilding, wrestling, or boxing. These criteria include a BMI below 27, waist-hip ratios below 0.9 for males and 0.8 for females, waist circumference limits, and normal biochemical metabolic parameters. When assessing the cardiovascular system, it is crucial to consider the history of chest pain, breathlessness, palpitations, fainting attacks, giddiness, rheumatic fever, ankle swelling, chorea, frequent sore throats, and tonsillitis. The evaluation of the pulse involves assessing the rate, rhythm, volume, tension, and regularity, with the normal pulse rate ranging from 60-100 bpm. It should be counted for a full minute, and comparisons should be made between the radial and femoral arteries. Peripheral pulsations, including carotid, popliteal, posterior tibial, and dorsalis pedis arteries, should also be examined, with any discrepancies noted. Persistent sinus tachycardia (> 100 bpm) and persistent sinus bradycardia (< 60 bpm) are grounds for rejection unless bradycardia is considered physiological and evaluated by a Medical Specialist or Cardiologist. For blood pressure, candidates with consistently high readings above 140/90 mm Hg will be rejected. Such candidates must undergo 24-hour ambulatory blood pressure monitoring (24 h ABPM) to distinguish between white coat

hypertension and persistent hypertension. If 24 h ABPM is normal and there is no target organ damage, the candidate may be deemed fit following cardiologist evaluation. Cardiac murmurs indicative of organic cardiovascular disease are also a cause for rejection, particularly diastolic murmurs. Short systolic murmurs of an ejection systolic nature that diminish on standing and are not associated with a thrill are usually functional. Any uncertainty should lead to a cardiologist referral. ECG abnormalities detected during the initial screening are grounds for rejection. Candidates will be assessed by a cardiologist with echocardiography and stress tests if necessary. Benign ECG abnormalities, such as incomplete RBBB or T-wave inversions, may not indicate structural heart disease but should be evaluated with echocardiography to rule out underlying issues. If echocardiography and stress tests are normal, the candidate can be considered fit. Candidates with a history of cardiac surgery or intervention are considered unfit. In evaluating the respiratory system, a history of pulmonary tuberculosis, pleurisy with effusion, frequent expectorant cough, haemoptysis, recurrent bronchitis, asthma, spontaneous pneumothorax, and chest injuries should be documented. Spirometry or Peak Expiratory Flow Rate tests may be performed for suspected obstructive airway diseases. Relevant investigations such as X-ray, CT chest, immunological tests, etc., may be necessary to determine fitness, with final decisions made at the appeal level after consultation with a Senior Advisor or Pulmonologist. Residual scarring from pulmonary tuberculosis or significant pleural thickening is grounds for rejection, though old treated cases without significant abnormalities can be accepted if fully recovered and evaluated appropriately. Candidates with a history of chronic bronchitis or repeated bronchial asthma attacks are considered unfit. Radiological evidence of disease in the lungs, mediastinum, or pleurae leads to rejection. Thoracic surgeries, including lung resections, are typically disqualifying, though major surgeries of the thorax are assessed on a case-by-case basis. Regarding the gastrointestinal system, the examiner should inquire about past ulcerations or infections of the oral cavity, heartburn, recurrent dyspepsia, peptic ulcer-type pain, chronic diarrhea, jaundice, biliary colic, indigestion, constipation, bleeding per rectum, and any abdominal surgery. Bladder diverticulum is a disqualifying condition. Examination for signs of liver cell failure or malabsorption is essential, as well as checking oral mucosa and mouth opening restrictions. Candidates with gastro-duodenal disabilities, such as proven peptic ulcers or recent abdominal surgeries, are unfit. Diseases of the liver, such as viral hepatitis or recurrent jaundice, lead to rejection, though candidates may be reconsidered after six months if fully recovered and with normal liver function tests. Splenectomy, regardless of the cause, results in disqualification. Hernias at various abdominal sites are disqualifying unless the candidate has a well-healed scar after surgery and no recurrence. Abdominal surgeries, including laparoscopic procedures, require a specific period for recovery before considering the candidate fit. Anorectal conditions are evaluated based on the presence of hemorrhoids, fissures, fistulae, or prolapse. External skin tags and certain rectal surgeries may be acceptable under specific conditions, but active fissures, hemorrhoids, fistulae, or incontinence result in disqualification. Ultrasonography of the abdomen is crucial for assessing liver, gall bladder, spleen, and pancreas conditions. Fit conditions for the liver include normal echo-anatomy and specific benign abnormalities, while unfit conditions encompass hepatomegaly, fatty liver, cysts with complications, and other severe abnormalities. For the gall bladder, conditions such as cholelithiasis or biliary sludge are disqualifying, while post-cholecystectomy recovery timelines are specified. Spleen conditions include disqualification for enlarged or diseased spleens and those who have undergone splenectomy. Pancreatic abnormalities, including structural issues or space-occupying lesions, also result in disqualification. In evaluating the peritoneal cavity, candidates with ascites, solitary mesenteric or retroperitoneal lymph nodes larger than 1 cm, or any mass or cyst are considered unfit. A single retroperitoneal lymph node smaller than 1 cm and normal in architecture may be acceptable, while two or more lymph nodes of any size, or any mass or cyst, are grounds for disqualification. For major abdominal vasculature, any structural abnormality, focal ectasia, aneurysm, or calcification of the aorta or inferior vena cava will render a candidate unfit. Appendectomy candidates are assessed based on the type of surgery performed. For laparoscopic appendectomy, fitness is determined after a minimum of 4 weeks, provided the post-site scars have healed well, the scars are supple, the histopathological report indicates acute appendicitis, and there is confirmation of the absence of port site incisional hernia via ultrasound. Open appendectomy with a muscle-split approach is evaluated after at least 12 weeks, with similar criteria for wound healing, scar condition, histopathological report, and absence of surgical site incisional hernia. For open appendectomy with a muscle-cut approach, a minimum period of 6 months is required, and the same criteria apply for determining fitness. Regarding the urogenital system, any alterations in micturition or urinary stream, recurrent cystitis, pyelonephritis, or haematuria should be excluded from history. Detailed inquiries should cover renal colic, acute nephritis, renal tract operations, loss of a kidney, stone passage, or urethral discharges, as well as enuresis and sexually transmitted diseases. Examination of the external genitalia must identify any congenital anomalies such as hypospadias, epispadias, undescended testis, or ectopic testis, and conditions like hydrocele, varicocele, epididymal

cyst, phimosis, urethral stricture, or meatal stenosis. Candidates with undescended testis are unfit unless corrected operatively at least 4 weeks post-surgery, with a normal testis location and well-healed wound. Unilateral atrophic testis or unilateral orchidectomy for benign causes may be considered fit if the remaining testis is normal. Varicocele in any grade is disqualifying unless post-operative with no residual varicocele and no complications, fit after 8 weeks of surgery. Hydrocele and epididymal cysts are unfit if present but may be acceptable post-surgery if healed with no complications and benign on histopathology. Conditions like epispadias or hypospadias are unfit except for glanular varieties and post-operative cases after at least 8 weeks if fully recovered. Phimosis that interferes with hygiene or voiding is unfit unless corrected, with fit status for post-operative cases after 4 weeks if healed. Meatal stenosis is unfit if it impairs voiding but fit for mild cases or post-operative cases after 4 weeks if fully healed. Stricture urethra, urethral fistula, sex reassignment surgery, and intersex conditions render a candidate unfit. Nephrectomy, regardless of the type, and renal transplant recipients are also disqualified. Urachal cysts are assessed for fitness after 8 weeks, provided no remnant remains. For urine examination, proteinuria is a cause for rejection unless orthostatic. Glycosuria requires blood sugar and glycosylated Hb tests for fitness determination, while renal glycosuria is not disqualifying. Persistent urinary infections necessitate full renal investigation and may lead to rejection, as does a history of haematuria. Acute glomerulonephritis may be considered fit if fully recovered and without proteinuria after at least one year, whereas chronic glomerulonephritis results in disqualification. History of renal calculi renders a candidate unfit regardless of size, number, or presence of obstruction. Sexually transmitted diseases and HIV seropositivity lead to rejection. For the urogenital system, congenital structural abnormalities of the kidneys or urinary tract, simple renal cysts larger than 1.5 cm, complex cysts, or any masses, hydronephrosis, calculi, or calyectasis are unfit. Solitary, unilateral, simple renal cysts less than 1.5 cm may be acceptable if they meet specific criteria. For scrotum and testis, bilateral atrophied testis, varicocele, any abnormal location of testis, hydrocele, and epididymal lesions are disqualifying. During appeal or review, unfit candidates may undergo specific investigations and detailed clinical examination, with isolated abnormalities of echo texture considered fit if renal function and scans are normal. In evaluating the endocrine system, a detailed history is crucial, particularly regarding conditions like Diabetes Mellitus and disorders of the thyroid, adrenal glands, or gonads. Any history indicative of endocrine disorders will result in rejection. A thorough clinical examination should be conducted to identify any obvious endocrine diseases, with any clinical evidence of such diseases being grounds for disqualification. Thyroid swellings with abnormal iodine uptake or thyroid hormone levels are also rejected, and candidates diagnosed with diabetes mellitus are disqualified. Those with a family history of diabetes mellitus will undergo blood sugar testing (fasting and post-glucose load) and HbA1c evaluation, with results recorded for assessment. For the dermatological system, a careful skin examination is necessary to understand the nature and severity of any dermatological conditions. Borderline skin issues should be referred to a dermatologist. Candidates with a history of sexual exposure to a commercial sex worker or healed penile sores, even in the absence of overt STD, are considered permanently unfit due to likely repeat behavior. Acute non-exanthematous and non-communicable diseases that are temporary and trivial do not warrant rejection, while chronic or recurrent skin diseases, especially those that may exacerbate under tropical conditions, are disqualifying. Significant palmoplantar hyperhidrosis, moderate to severe acne, palmoplantar keratoderma, ichthyosis, keloids, onychomycosis, giant congenital melanocytic naevi, multiple warts or callosities, psoriasis, and extensive vitiligo are unfit. Chronic or recurring skin infections and any sign of leprosy also result in rejection. Naevus depigmentosus and Becker's naevus may be acceptable, while intradermal naevi and vascular naevi are disqualifying. Pityriasis Versicolor and any fungal infections are unfit. Scrotal eczema may be considered fit upon recovery, canities (premature graying) if mild, and intertrigo if recovered are acceptable. Genital ulcers and scabies are unfit except on recovery, and alopecia areata is fit if a single, small lesion without scarring. In the context of reconstructive surgery, candidates with gynecomastia are considered fit after 12 weeks post-surgery if the wound is well-healed, there is no residual disease, no complications, and normal endocrine function. For polymazia, candidates are fit after 12 weeks under similar conditions. For the musculoskeletal system and physical capacity, the assessment is based on general physique, muscular development, age, height, weight, and potential to acquire physical stamina with training. Past medical history of spine or sacroiliac joint diseases or injuries that have impacted physical activity is disqualifying. Clinical examination for spinal conditions should reveal no restriction of movements, deformities, or gait abnormalities. Conditions such as gross kyphosis, scoliosis with persistent deformity, spina bifida, congenital anomalies like wedge or hemivertebrae, cervical ribs with neurological or circulatory deficits, and significant spinal deformities from trauma, infection, autoimmune conditions, or degeneration are unfit. Specific conditions such as spondylolysis, spondylolisthesis, vertebral compression fractures, intervertebral disc prolapse, Schmorl's nodes, tuberculosis, rheumatoid arthritis, ankylosing spondylitis,

spondylosis, and Scheuermann's disease are grounds for rejection. **Conditions Affecting the Assessment of Upper Limbs** Deformities of the upper limbs or their parts, including amputation of a limb, will lead to rejection, although amputation of the terminal phalanx of the little finger on both sides is acceptable. Healed fractures are assessed with specific criteria: intra-articular fractures of major joints (shoulder, elbow, wrist, hip, knee, ankle) with or without surgery or implants are considered unfit; extra-articular fractures with postoperative implants are unfit until 12 weeks post-removal; and extra-articular injuries of long bones managed conservatively are evaluated after nine months. The candidate must show no malalignment, neurovascular deficit, soft tissue loss, functional deficit, or osteomyelitis/sequestra formation. Fractures of the upper limb presenting six months post-injury with no sequelae are acceptable after orthopedic assessment. Polydactyly and simple syndactyly can be assessed for fitness 12 weeks post-operation if there are no bony abnormalities, well-healed wounds, supple scars, and satisfactory webspaces. Complex syndactyly is unfit. Hyperextensible finger joints, where fingers extend backwards beyond 90 degrees, are considered unfit, as are any indications of hyperlaxity in other joints. Mallet finger, characterized by an inability to fully extend the distal phalanx, renders candidates unfit if there is a fixed deformity; mild cases with less than 10 degrees of extension lag without functional deficits may be considered fit. Wrist assessment includes evaluating for pain and limitation of movement, with dorsiflexion loss being more serious than palmar flexion loss. Elbow hyperextension greater than 10 degrees is unfit. Cubitus varus greater than 5 degrees and cubitus recurvatum greater than 10 degrees are unfit. A history of recurrent shoulder dislocation or non-union of an old clavicle fracture will result in rejection, though malunited clavicle fractures without function loss or obvious deformity are acceptable. **Conditions Affecting the Assessment of Lower Limbs** : Hallux valgus with an angle greater than 20 degrees or first-second metatarsal angle greater than 10 degrees, or any degree with bunions, corns, or callosities, is unfit. Hallux rigidus also results in rejection. Isolated, single flexible mild hammer toe without symptoms may be accepted; however, fixed deformity or hammer toe associated with corns, callosities, mallet toes, or claw toe deformity is rejected. Loss of any digits or toes, or extra digits with bony continuity with adjacent digits, entails rejection. Syndactyly cases are also rejected. Pes planus (flat feet) is acceptable if the arches reappear when standing on toes, the candidate can skip and run on toes, and the feet are supple, mobile, and painless. Rigid or fixed flat feet, gross flat feet, with planovalgus, eversion of the heel, inability to balance on toes, or tender painful tarsal joints are unfit. Mild idiopathic pes cavus without functional limitation is acceptable; moderate to severe pes cavus or talipes (club foot) is rejected. Any significant limitation of ankle joint movement following previous injuries is unacceptable. Ligamentous laxity in the knee joint or a history of ACL reconstruction surgery results in rejection. Genu valgum with intermalleolar distance greater than 5 cm in males or 8 cm in females, genu varum with intercondylar distance greater than 7 cm, and genu recurvatum with hyperextension beyond 10 degrees are unfit. True lesions of the hip joint or early signs of arthritis are grounds for rejection. **Peripheral Vascular System:** Active varicose veins, past or current, or any history of arterial abnormalities, such as aneurysms, arteritis, or peripheral arterial disease, will result in rejection. Lymphoedema, whether past or current, is also a cause for rejection. **Central Nervous System:** Candidates with a history of mental illness or psychological afflictions require detailed investigation and psychiatric referral, and are generally rejected. Conditions like insomnia, phobias, nightmares, recurrent bedwetting, or severe headaches, such as migraine, are causes for rejection. A history of epilepsy, convulsions after age five, or even febrile convulsions with neurological deficits are grounds for rejection. Severe head injuries or associated convulsive attacks necessitate normal electroencephalogram (EEG) results. History of nervous breakdown, mental disease, or suicide in near relatives calls for thorough psychological evaluation and potential rejection if any psychological instability is present. Family history of epilepsy is evaluated for type, and candidates with no associated disturbances and a normal EEG may be accepted. Emotional stability assessments include family and personal history, with attention to any signs of emotional instability or neurotic behavior. Stammering and tremors, including those due to physiological or pathological causes, are assessed with the potential for rejection if found significant. EEG abnormalities, including focal excessive beta activity, paroxysmal spikes, and slow waves, are grounds for rejection, with non-specific EEG abnormalities acceptable only with neuropsychiatric evaluation. Hyperostosis frontalis interna is acceptable if no other metabolic abnormalities are present. When evaluating candidates for military service with regard to the ear, nose, and throat (ENT) system, a thorough assessment of their history and current conditions is essential. Candidates must be queried about any significant history of ear discharge (otorrhea), hearing loss, vertigo, motion sickness, or tinnitus. In the nose and para-nasal sinuses, any gross external deformity causing cosmetic issues that affects military bearing may lead to rejection. Minor deformities of the nasal dorsum or tip are generally acceptable. Obstruction due to marked septal deviation is a concern, but post-corrective surgery with mild residual deviation and adequate airway patency is acceptable. Septal perforation greater than 1 cm, or any perforation associated with nasal

deformity, crusting, epistaxis, or granulation, is grounds for rejection. Atrophic rhinitis and any clinical evidence of allergic or vasomotor rhinitis also lead to rejection. Infections of the para-nasal sinuses are a disqualifying factor, although cases successfully treated may be reconsidered by the Appeal Medical Board. Nasal polyposis, due to its association with allergies, asthma, and sensitivity to various conditions, often requires long-term management and disqualifies candidates due to the potential for recurrence and intolerance to extreme climates. For the oral cavity, current or operated cases of leukoplakia, erythroplakia, submucous fibrosis, ankyloglossia, and oral carcinoma result in disqualification. Oral ulcers, growths, mucous retention cysts, trismus, and cleft palate (even post-surgical) are also disqualifying. Conversely, healed oral ulcers, benign mucus retention cysts with no recurrence, and sub-mucous cleft palate without Eustachian tube dysfunction may be acceptable if other evaluations are normal. In the pharynx and larynx, any ulcerative or mass lesions, conditions necessitating tonsillectomy, cleft palate, persistent hoarseness, dysphonia, chronic laryngitis, vocal cord palsy, or laryngeal polyps result in rejection. Obstruction or insufficiency of Eustachian tube function and persistent tinnitus are also disqualifying. Motion sickness susceptibility must be noted, and such candidates will be rejected for flying duties. Any evidence of peripheral vestibular dysfunction or a history of dizziness must be thoroughly investigated. Hearing loss is evaluated based on specific thresholds. Any reduction in hearing less than 600 cm in CV/FW, audiometric loss greater than 20 dB between 250 and 8000 Hz, free field hearing loss, or certain types of unilateral hearing loss with abnormal ENT examination is grounds for rejection. A history of radical or modified radical mastoidectomy, cortical mastoidectomy with the intact tympanic membrane, and normal hearing may be accepted. External ear conditions such as gross deformity, chronic otitis externa, exostoses, atresia or neoplasms obstructing ear examination, exaggerated tortuosity of the canal, granulation, or bony growths are disqualifying. Middle ear conditions include current otitis media, attic or central perforations, tympanosclerosis affecting more than 50% of the pars tensa, any residual perforation, marked retraction, hearing impairment, and implanted hearing devices. Healed healthy scars involving less than 50% of the pars tensa from specific surgeries may be considered acceptable after a minimum of 12 weeks, with trials in decompression chambers if necessary. Miscellaneous ear conditions such as otosclerosis, Meniere's disease, vestibular dysfunction, and Bell's palsy following ear infection will result in rejection. In the ophthalmic system, visual defects and medical conditions are major causes of disqualification, especially for flying duties. Candidates with hereditary squint or those needing spectacles should be assessed thoroughly. Manifest squint and certain types of heterophoria are not acceptable, while mild ptosis, if postoperative with no recurrence and with normal visual fields, is acceptable. Exotropia, anisocoria greater than 1 mm, heterochromia irides, and pseudophakia are disqualifying. Severe blepharitis, chronic conjunctivitis, ectropion, entropion, progressive pterygium, and nystagmus are generally unacceptable. Naso-lacrimal occlusion and recurrent uveitis are also grounds for rejection unless post-surgery relief lasts at least six months. Corneal scars or lenticular opacities affecting vision, optic nerve drusen, high cup-disc ratio with specific criteria, and visual disturbances associated with migraines are not acceptable. Night blindness, restriction of eyeball movement, retinal lesions, and lattice degeneration with specific criteria are assessed with stringent guidelines, and keratoconus is disqualifying. The visual acuity and colour vision requirements for candidates are detailed in Appendix 'B' of the notification, and those who do not meet these standards are to be rejected. If a candidate has a strong family history of myopia, particularly if it is recent or associated with physical growth or progressive myopia, even if visual acuity meets the prescribed limits, they should be declared unfit. Candidates who have undergone keratorefractive surgeries such as PRK, LASIK, Femto LASIK, or SMILE may be considered fit for commissioning in the Air Force, provided that residual refraction is within ± 1.0 D Sph or Cyl, and other criteria are satisfied: surgery should not have occurred before the age of 20, at least 12 months should have elapsed post-surgery with no complications, the axial length of the eye should not exceed 26 mm, and post-surgery corneal thickness should be at least 450 microns. Radial keratotomy (RK) is not permitted for any Air Force duties, and candidates with cataract surgery or IOL implants will be declared unfit. Individuals with manifest squint are not acceptable for commissioning; the assessment of latent squint or heterophoria in aircrew is based on fusion capacity, with good fusion sense being crucial. Convergence tests and accommodation values for different age groups are specified, and ocular muscle balance can vary with stress and other factors. Any clinical findings of pathological nature in the eye media or fundus will be a cause for rejection. For initial entry, candidates in the Flying Branch and at the Air Force Academy must meet specific visual standards: hypermetropia should not exceed +1.5D Sph, manifest myopia should be nil, and astigmatism should be within +0.75D Cyl, correctable to 6/6 vision in one eye and 6/9 in the other for hypermetropia. The ocular muscle balance must conform to Appendix C, and the specified sph correction factors are inclusive of astigmatic correction. In the assessment of ocular muscle balance for flying duties, the Maddox Rod test at 6 meters and 33 cm, hand-held stereoscope, convergence, and

cover tests are used to determine fitness. Candidates with excessive deviation in these tests or poor fusion capacity will be deemed unfit. Any clinical findings of pathological nature, especially those likely to progress, will be grounds for rejection. Regarding the haematological system, a thorough history and clinical examination are required to check for signs of anaemia, bleeding disorders, or other related conditions. Laboratory confirmation of anaemia mandates further evaluation to determine its type and aetiology. Candidates with certain types of anaemia, such as hereditary haemolytic anaemias and haemoglobinopathies, will be considered unfit. Symptoms of bleeding disorders, such as ecchymosis or persistent bleeding, require a full evaluation, and candidates with evidence of these conditions will be deemed unfit. Dental fitness standards mandate that candidates must have a minimum of 14 dental points and specific teeth present in functional opposition. Various dental issues, including caries, restorations, loose teeth, morphological defects, and malocclusion, will impact dental fitness assessments. Extraoral examinations for facial asymmetry, TMJ issues, and mouth opening are also considered. Dental points are awarded based on the condition of the teeth and gums, with criteria set for implants and orthodontic appliances. Candidates with poor oral health, advanced periodontal diseases, or significant dental deformities will be rejected, and those with post-maxillofacial surgery will be temporarily unfit until they meet the required standards.

Books for Cds Examination: For candidates preparing for the CDS exam, several books are highly recommended for their comprehensive coverage of the syllabus, practice papers, and solved examples. Among these, S.C. Gupta's *English Grammar & Composition* is an excellent choice for mastering English grammar and composition, offering detailed explanations and numerous exercises. For General Awareness, Manohar Pandey's *General Knowledge* and Arihant's *14000+ Objective GK* are both suggested. R.S. Agrawal's *Mathematics for CDS Entrance* provides an in-depth look at the essential topics for the exam, complete with weightage details, past papers, and practice exercises. The *CDS Pathfinder* by Arihant is another essential resource, offering previous years' papers, practice questions, and solved examples. Additionally, the *CDS Chapter/Section-wise Solved Papers* by Arihant and *Kiran UPSC CDS Solved Papers* by Kiran Prakashan provide extensive practice with solved papers. For English preparation, S. Chand Publication's *Wren & Martin's High School English Grammar & Composition* is a notable recommendation, and Norman Lewis's *Word Power Made Easy* is recommended for vocabulary enhancement. Lastly, the *Pathfinder for CDS 2024* by Arihant Publications is considered the best book for its comprehensive approach, including previous years' papers, practice papers, and solved examples. To excel in the CDS exam, particularly in the English section which tests grammar and vocabulary skills with a total of 100 marks and a 2-hour time limit, it is crucial to use the best books available. For English preparation, *Objective General English* by S.P. Bakshi (Arihant Publications) is highly recommended for beginners due to its solved examples, exercises, and detailed theory. Wren and Martin's *High School English Grammar & Composition* is noted for its thorough explanation of grammar rules and applications. For vocabulary enhancement, Norman Lewis's *Word Power Made Easy* is considered a comprehensive solution.

In the General Knowledge section, which also carries 100 marks and a 2-hour duration, effective preparation can be achieved using *General Awareness* by Manohar Pandey (Arihant Publications), covering Indian history, polity, geography, economy, and current affairs. The *Manorama Yearbook* by Philip Mathew is another valuable resource for general awareness, while the *Pratiyogita Darpan* magazines, published by the Pratiyogita Darpan Editorial Team, offer complete news coverage along with practice sets and previous year papers. Regular reading of newspapers such as *The Hindu*, *The Indian Express*, and *The Economic Times* is also essential for staying updated on relevant topics.

For the Mathematics section of the CDS exam, which involves 100 marks and a 2-hour time limit, the essential books include *Mathematics for C.D.S.* by R.S. Aggarwal, which focuses on high-weightage topics with solved examples and practice sets. R.S. Aggarwal's *Quantitative Aptitude for Competitive Examinations* is another excellent choice for clearing various math topics, offering numerous solved examples and practice sets of varying difficulty. Lastly, *Pathfinder for CDS* by Arihant Publications is a popular choice among aspirants for its comprehensive coverage of the math syllabus. These books are widely recommended by experts for their effective coverage of important topics, solved examples, and practice sets, helping candidates improve their skills and enhance their preparation for the CDS exam.

Preparation Strategy for CDS: The Combined Defence Services Examination (CDSE), conducted by the Union Public Service Commission (UPSC), is essential for recruitment into the Indian Military Academy, Officers Training Academy, Indian Naval Academy, and Indian Air Force Academy. To

prepare effectively, start by understanding the exam pattern, which includes three papers: English, General Knowledge, and Elementary Mathematics. Familiarize yourself with the detailed syllabus provided by UPSC for each paper and practice solving previous year papers to grasp the exam pattern, types of questions, and difficulty level. For English, recommended books include *High School English Grammar and Composition* by Wren and Martin for detailed grammar rules, *Word Power Made Easy* by Norman Lewis for vocabulary enhancement, and any good book for comprehension practice. In the General Knowledge section, *Manorama Yearbook* is valuable for current affairs, while *Lucent's General Knowledge* covers static general knowledge. Regular reading of newspapers like *The Hindu* and *The Indian Express*, as well as magazines like *Yojana* and *Kurukshetra*, is crucial for staying updated with current affairs. For Elementary Mathematics, NCERT textbooks from class 6 to 10 are essential for basics, along with *Quantitative Aptitude* by R.S. Aggarwal and *Fast Track Objective Arithmetic* by Rajesh Verma for more advanced practice. In addition to academics, focus on current affairs related to national and international events, sports, and awards. Regularly practicing mock tests will help improve your speed and accuracy. Consistent revision of all subjects is necessary to retain learned material. As physical fitness is also a key component, particularly for the SSB interview, maintaining a good fitness routine is important. In terms of a study plan, start by understanding the exam pattern and thoroughly reviewing the syllabus. For General Studies, use Tamil Nadu Board textbooks for history and art and culture, 11th and 12th NCERT books for geography, economics, and science, and Laxmikanth's *Indian Polity* for polity. Additionally, research about Indian defense and stay updated with current affairs through a well-rated app. For English, regular newspaper reading, novel reading, and solving previous years' papers are helpful.