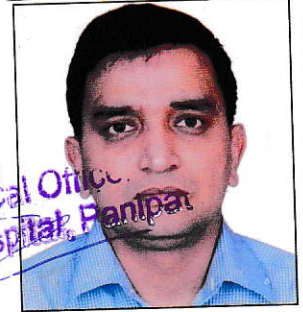




COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2023



PART A: (TO BE FILLED BY APPLICANT)

1. Name: Sanjeev Kumar Saini S/O, D/O, W/O: Sh. Gitan Chand
2. Address: F-22, Dayal Bagh, Mahesh Nagar, Ambala
3. Date of Birth: 12/11/1978 Aadhaar No.: 8275 10731 1583 Blood Group: A+ve
4. Identification Mark: A mole below right eye

Age limit:

a) For Yatri: Should not be less than 13 Years or more than 70 Years old.

b) No lady with more than 6 weeks pregnancy will be registered for the Yatra 2023

5. DECLARATION: Have you suffered from or have history of any of the following:

S. No	Condition	Yes	No	S. No	Condition	Yes	No
A)	Breathlessness		✓	B)	Diabetes		✓
C)	Respiratory/Lung ailment		✓	D)	High Blood Pressure		✓
E)	Blood disorder		✓	F)	Asthma		✓
G)	Bleeding tendencies		✓	H)	Epilepsy		✓
I)	Heart ailment		✓	J)	Nervous breakdown		✓
K)	Joint Pains		✓	L)	High altitude/mountain Sickness		✓
M)	Discharge from ear		✓	N)	History of stroke/ paralysis		✓
O)	Are you a smoker		✓	P)	Are you pregnant (Applicable to female Yatris)		NA

- History of Heart Attack, if yes please specify NA
- History of sudden death in family member, if yes please specify NA
- Any major injury in the past, if yes please specify NA
- Any other ailment, if yes please specify NA
- History of surgery, if yes please specify NA
- Are you under any medication, if yes please specify NO
- Are you allergic to drugs, foods and chemicals, if yes please specify NO

I hereby declare that the particulars given above are true to the best of my knowledge and belief, and nothing has been concealed.

Date: 29-05-2023

(Signature/thumb impression of the Yatri)

PART B: (TO BE FILLED BY AUTHORISED MEDICAL AUTHORITY)

On the basis of information furnished by the applicant, detailed examination and the necessary investigations, it is certified that Mr. / Ms/ Mrs. _____ is fit to undertake the journey to the Shri Amarnathji Holy Cave Shrine.

Details of any specific test conducted before issuing the certificate: _____

Name of the Doctor: Dr. K. N. Sheth

Designation: MBBS

Date of issue: 29/5/23

Signature and seal of Authorized Medical Authority

MC/ State Medical Council Registration No. 42287