

SHRI AMARNATHJI YATRA 2012

COMPULSORY HEALTH CERTIFICATE
(Form B)

I have personally examined _____,
son / daughter / wife of _____,
age _____ years, resident of _____;
and, after conducting relevant investigations, certify that:

- a) He / she is not suffering from any Cardiac, Respiratory or any other ailment;
- b) I have found him / her physically fit and of sound mental health to be able to undertake the journey to the Shri Amarnathji Holy Cave Shrine, located at over 13,500 feet.

This Fitness Certificate is being issued fully keeping in view that the Yatra involves climbing across 14,500 feet above sea level.

Signature and seal of
Registered Medical Practitioner

Specimen Signature/Thumb
Impression of the Yatri

Date: _____

Name / Designation _____

MCI. Reg. No _____

Address of RMP _____
