



Government of West Bengal
Office of the Medical Superintendent-cum-Vice Principal
Medical College & Hospital
88, College Street, Kolkata - 700 073.

Memo No.28/12/MCH/_____

dated: _____/2024

NOTICE

In reference with DHSWB's circular bearing memo no HPH/4V-2-2012/Pt-1/154 dated 19-03-2024 Compulsory Health Certificate (CHC) in connection with Pilgrimage for Holy Amarnathji Yatra, 2024 will be issued only on **Tuesday and Thursday** (except Government Holidays) **from 13:00 hrs to 14:00 Hrs.** from 8th **April, 2024.** The candidate should bring the following requisite for CHC.

1. Blood for Hb, TC,DC,ESR, fasting sugar, urea, creatinine and uric acid
2. Routine urine examination (R/E, M/E)
3. Chest X-Ray PA view with report
4. E.C.G. all leads with report from a Cardiologist
5. Routine Eye examination
6. Spirometry in case of candidates having breathing difficulty.
7. Annexure -1 (CHC form)
8. 1 recent passport size photograph
9. Photocopy of AADHAAR Card
10. Residential Certificate.

It is to note that any person below age of 13 years or above 70 Years and no lady with pregnancy of 6 weeks or more will not be provided the CHC for aforesaid Yatra.

Compulsory Health Certificate (CHC) will be issued for the resident of Ward number 36 to 71 (except 55 and 59) of Kolkata Municipal Corporation.

he 02.04.2024
Medical Superintendent-Cum-Vice Principal
Medical College & Hospital, Kolkata

Chakraborty



COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2024

Paste recent
passport size
photograph here

PART A: (TO BE FILLED BY APPLICANT)

- Name: _____ S/O, D/O, W/O: _____
- Address: _____
- Date of Birth: ____/____/____ Aadhaar No.: ____/____/____ Blood Group: _____
- Identification Mark: _____

Age limit:

- For Yatri: Should not be less than 13 Years or more that 70 Years old.
- No lady with more than 6 weeks pregnancy will be registered for the Yatra 2024

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)		

- History of Heart Attack, if yes please specify _____
- History of sudden death in family member, if yes please specify _____
- Any major injury in the past, if yes please specify _____
- Any other ailment, if yes please specify _____
- History of surgery, if yes please specify _____
- Are you under any medication, if yes please specify _____
- Are you allergic to drugs, foods and chemicals, if yes please specify _____

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

Date: _____

(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: _____

Designation: _____

Date of issue: _____

Signature and seal of Authorized Medical Authority

MCI/ State Medical Council Registration No: