

GOVERNMENT OF WEST BENGAL
Directorate of Health Services
Swasthyabhavan
GN 29, Sector V, Salt Lake, Kolkata 700 091

Memo No: HAD/12M-25-13/

Dated:

CIRCULAR

In reference to the recommendation of Special High Power Committee constituted by Ministry of Health, Government of India to look after the state of health care, public amenities and sanitation arrangement provided to the pilgrims of holy Amarnathji Yatra, issuance of 'Compulsory Health Certificate' has been made mandatory for holy pilgrims by State Government.

Medical Superintendent cum Vice Principals (MSVP) of all Medical Colleges and Superintendents of all District and Sub Division Hospitals under Government of West Bengal are hereby declared as 'Authorised Persons' to issue 'Compulsory Health Certificate' to pilgrims for holy Amarnathji Yatra.

Whenever pilgrims for holy Amarnathji Yatra report to the above mentioned health institutes a committee is to be formed including specialist/faculty members of Medicine / Chest Medicine and Aneasthesia for medical examination of the pilgrims. Based on the report 'Authorised Persons' "will issue 'Compulsory Health Certificate'".

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**Director of Medical Education
& Ex Officio Secretary
Govt. of West Bengal**

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**Director of Health Services
& Ex Officio Secretary
Govt. of West Bengal**

Memo No: HAD/12M-25-13/499/1(73)

Dated: 26/2/13

Copy forwarded to,

1. PS to Principal Secretary, Dept of Health & Family Welfare, Govt of West Bengal.
2. Additional DHS (PH&CD), Govt of West Bengal.
3. -14) MSVP,
- 15 - 27) Superintendent, District Hospital.....
- 28 - 72) Superintendent, Sub Division Hospital.....
- ✓ 73) IT Coordinator, Swasthyabhavan, for hoisting the same in the website of Department of Health & FW.

[Handwritten Signature]
26/2/13

**Director of Medical Education
& Ex Officio Secretary
Govt. of West Bengal**

[Handwritten Signature]
26/2/13

**Director of Health Services
& Ex Officio Secretary
Govt. of West Bengal**

NB: Proforma of Compulsory Health Certificate for Shri Amarnathji Yatra 2013 enclosed.

COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2013

Please paste
one recent
passport size
photograph
here

PART A: (TO BE FILLED BY APPLICANT)

1. Name _____ S/o, D/o, W/o _____

Address _____

2. Date of Birth _____ Identification mark: _____ Blood group _____

3. DELARATION: Have you suffered from or have history of any of the following:

- | | |
|--|--|
| a) Breathlessness <input type="checkbox"/> yes <input type="checkbox"/> no | i) Diabetes <input type="checkbox"/> yes <input type="checkbox"/> no |
| b) Respiratory lung ailment <input type="checkbox"/> yes <input type="checkbox"/> no | j) High blood pressure <input type="checkbox"/> yes <input type="checkbox"/> no |
| c) Blood disorder <input type="checkbox"/> yes <input type="checkbox"/> no | k) Asthma <input type="checkbox"/> yes <input type="checkbox"/> no |
| d) Bleeding tendencies <input type="checkbox"/> yes <input type="checkbox"/> no | l) Epilepsy <input type="checkbox"/> yes <input type="checkbox"/> no |
| e) Heart ailment <input type="checkbox"/> yes <input type="checkbox"/> no | m) Nervous breakdown <input type="checkbox"/> yes <input type="checkbox"/> no |
| f) Joint pains <input type="checkbox"/> yes <input type="checkbox"/> no | n) High altitude mountain sickness <input type="checkbox"/> yes <input type="checkbox"/> no |
| g) Discharge from ear <input type="checkbox"/> yes <input type="checkbox"/> no | o) History of stroke / paralysis <input type="checkbox"/> yes <input type="checkbox"/> no |
| h) Are you a smoker <input type="checkbox"/> yes <input type="checkbox"/> no | p) Are you pregnant: <input type="checkbox"/> yes <input type="checkbox"/> no
<i>(applicable to female yatri)</i> |

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

Date _____ (Signature / thumb impression of the Applicant)

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

In 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 _____ Signature and seal of Authorized Medical Authority

Designation _____ MCI / State Medical Council Registration No. _____

Date of Issue _____