

**GOVERNMENT OF WEST BENGAL**  
**Directorate of Health Services PH & CD Branch)**  
Swasthyabhavan  
GN 29, Sector V, Salt Lake, Kolkata 700 091

Memo No: HPH/4V-2-2012/Pt-I/ 45


Dated: 28/01/15

**C I R C U L A R**

In reference to the DO No /CEO/2015/SASB/770/30 :dated 09/01/2015 of the Chief Executive Officer, Shri Amarnathji Shrine Board an updated list of Medical Superintendent cum Vice -Principal /Superintendent of District Hospital/Sub-division Hospital are enclosed herewith for information. If any changes are to be made to the existing list, the concerned authority may communicate it directly to Shri Amarnathji Shrine Board through e-mail :-[ceo@shriamarnathjishrine.com](mailto:ceo@shriamarnathjishrine.com) with copy to [wbjtphcd@gmail.com/](mailto:wbjtphcd@gmail.com) [adhs\\_ecnces@wbhealth.gov.in](mailto:adhs_ecnces@wbhealth.gov.in) for record.

Medical Superintendent cum Vice Principals (MSVP) of all Medical Colleges and Superintendents of all District and Sub Division Hospitals under Government of West Bengal has already been declared as 'Authorised Persons' to issue Compulsory Health Certificate to pilgrims for holy Amarnathji Yatra in the prescribed format free of cost to those desirous of going on Shri Amarnathji Jatra. It is stressed that every care has to be taken to mention the MCI/ State Medical Council Regd.No in the Compulsory Health Certificate to be issued.


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 in the prescribed format. Details of such Certificate issued by the Unit to be maintained in a separate Register for future use.

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


Memo No: HPH/4V-2-2012/Pt-I/ 45/1(120)

Copy forwarded for their information and necessary action to the:

- 1 Sr.P.A. to the Principal Secretary, Dept of Health & Family Welfare, Govt of West Bengal.
- 2 Chief Executive Officer, Shri Amarnathji Shrine Board, Srinagar; Raj Bhawan; Srinagar-190001.
- 3 Dy.DHS(Admin), Swasthya Bhawan.
- 4 Jt.DHS(PH&CD), Swasthya Bhavan.
- 5 ADHS(EC, NC & ES), Swasthya Bhavan.
- 6-30. Chief Medical of Health (all).
- 31-55. Dy.CMOH-II (all).
- 56-68. Medical Superintendent cum Vice Principal.....MCH (all).  
The List & the Proforma for certificate enclosed.
- 69-119. Superintendent..... District Hospital, Sub Divisional Hospital (all).  
The List & the Proforma for certificate enclosed.
120. IT Coordinator, Swasthya Bhavan, for hoisting the same in the website of Department.

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

1(120) Dated: 28/01/15

  
Joint DHS (PH&CD)  
Govt of West Bengal.

# COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2015

Affix cross-  
signed  
(by Yatri)  
recent  
photograph

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

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

(applicable to female Yatris)

- q) History of Heart Attack; if yes, please specify \_\_\_\_\_
- r) History of sudden death in family members; if yes, please specify \_\_\_\_\_
- s) Any major injury in the past; if yes, please specify \_\_\_\_\_
- t) Any other ailment; if yes, please specify \_\_\_\_\_
- u) History of surgery, if yes, please specify \_\_\_\_\_
- v) Are you undergoing under any medication; if yes, please specify \_\_\_\_\_
- w) Are you allergic to drugs, foods and chemicals; if yes, please specify \_\_\_\_\_

4. 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 Applicant)

## 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: \_\_\_\_\_

**Name, designation & contact number of Authorised persons to issue compulsory Medical Certificate**

**West Bengal for Amarnathji Yatra 2013**

Sl. No	Name	Designation	Contact Number
1	Dr. Sikha Banerji	MSVP Medical College, Kolkata	033-22413989,9433439125
2	Dr. Seikh Ali Amam	MSVP, NRSMCH, Kolkata.	9433175354
3	Dr. Prabir Kumar Mukherji	MSVP, RG Kar MCH, Kolkata.	033-2555766. 9433175354
4	Dr. Pitbaran Chakraborty	MSVP, CNMCH, Kolkata	033-2289-7424 .9051115540, 9830343734.
5	Dr. Dipanjan Banerji	MSVP, IPGME&R, Kolkata ,	033-2223-1589,9433083913
6	Prof Jugol Kishor Kar	MSVP, MMCH, Pashim Midnapore	03222-274321. 7797331000
7	Prof Utpal Pan	MSVP, BMCH, Bardhaman	9434177906
8	Prof Panchanan Kundu	MSVP, BSMCH, Bankura	03242-250981
9	Dr. Sabyasachi Das	MSVP, NBMCH, Siliguri, Darjeeling	9832012131, 0353-2581342
10	Prof Mrinmoy Banerjee	MSVP, Murshidabad MCH, Baharampur	9433379645. 9434044822
11	Prof M A Rashid	MSVP, Malda MCH, Malda.	8902762875
12	Prof Goutam Joardar	MSVP, College of Medicine & Sagar Dutta Hospital(COMSDH).	9748280944. 033-2583-4279
13	Dr. Saikat Pradhan	Supdt, Darjeeling District hospital	8697247942
14	Dr Rumi Mandal	Supdt. Kurseong SD Hospital	8927315151
15	Dr D Sonam	Supdt Kalimpong SD Hospital	9800288999
16	Dr Amitava Mandal	Supdt Siliguri District hospital	9434315003
17	Dr Joydev Barman	Supdt, Kochbihar District hospital	8001937278
18	Dr Ranjit Mondal	Supdt, Dinhata SD Hospital, Kochbihar.	9434542822
19	Dr Gopal Chakraborty(Acting)	Supdt Mathabhanga SD hospital kochbihar.	9932994560
20	Dr Kashinath Panja	Supdt Mekhligung SD hospital Kochbihar.	9433943383
21	Dr Sudhir ranjan Mistri (Acting)	Supdt Tufangung SD hospital Kochbihar.	9476359226
22	Dr Partha Dey	Supdt Jalpaiguri Dist Hospital, Jalpaiguri.	9733506827
23	Dr Musur Hasan Ali	Supdt Malbazar SD Hospital Jalpaiguri.	9433169736
24	Dr Rizaul Minhaz(Acting)	Supdt Alipurduar SD Hospital Jalpaiguri.	9641806727
25	Dr Anup Hazra	Supdt Raigung Dist Hospital Uttar Dinajpur.	9732538539
26	Dr Jyoti Biswas	Supdt Islampur SD hospital Uttar Dinajpur.	9830032433
27	Dr Asit Kumar Dewan	Supdt D Dinajpur Dist Hospital Balurghat.	9477116428
28	Dr Abdul Hasim(Acting)	Supdt Gangarampur SD Hospital D Dinajpur.	9434055946
29	Dr Prabir Mandi	Supdt Domkal SD Hospital Murshidabad.	9734093761
30	Dr Debkumar Dey	Supdt Lalbag SD Hospital Murshidabad.	9434572942
31	Dr Bhaskar Baishnab	Supdt Kandi SD Hospital Murshidabad.	9734492021
32	Dr Swaswata Mandal	Supdt Jangipur SD Hospital Murshidabad.	9,85,10,12,906
33	Dr Nilanjana Sen	Supdt Purulia Dist Hospital Purulia.	9434472761
34	Dr Santanu Sahu	Supdt Raghunathpur SD Hospital Purulia.	9434385559
35	Dr Malay Adak	Supdt Jhargram Dist Hospital.	9153854344
36	Dr Anuradha Dey	Supdt Ghatal SD Hospital.	9732531130
37	Dr Krishnendu Mukherjee	Supdt Kharagpur SD Hospital Pas Midnapore	8145528299
38	Dr. Gopal Das	Supdt Tamruk Dist hospital Purba Midnapore	9732635151
39	Dr. Himangshu Maity	Supdt Egra SD hospital Purba Midnapore	9126241505
40	Dr. Sumana Dasgupta	Supdt Haldia SD hospital Purba Midnapore	9830839314
41	Dr. Sabbhasachi Chakraborty	Supdt Contai SD hospital Purba Midnapore	9434033403
42	Dr Debabrata Das	Supdt Durgapur SD hospital Burdwan	9475331169
43	Dr Nikhil Ranjan Das	Supdt Asansol Dist hospital Burdwan	9475379132
44	Dr Subodh Kumar Mandal	Supdt Katwa SD hospital Burdwan	9474632002
45	D. Krishna Barui	Supdt Kalna SD hospital Burdwan	9475973635
46	Dr subhas Chandra Mandal	Supdt Dist Hospital Hoogly, Chinsurah.	993280943
47	Dr Suvadip Banerji	Supdt Chandannagar SD hospital Hoogly	7278350597
48	Dr Tridip Mustafi	Supdt Sreerampur SD hospital Hoogly	9433003400
49	Dr Santanu Nandi	Supdt Arambag SD hospital Hoogly	986577191
50	Dr Subhas Saha	Supdt Bishnupur Dist Hospital Bankura	9153118537