



कर्मचारी राज्य बीमा निगम

(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

EMPLOYEES' STATE INSURANCE CORPORATION

(Ministry of Labour & Employment, Govt. of India)

Website: www.esic.nic.in

क.र.बी.नि. अस्पताल, श्री माँ आनंदमयी मार्ग, फेस-1,

ओखला, नई दिल्ली-110020

ESIC HOSPITAL, SRI ANANDMAYEE MARG,

PHASE 1, OKHLA, NEW DELHI-110020

Phone: 011-26814161, 011-26818902

Email: ms-okhladelhi@esic.nic.in

Website: www.esic.nic.in / www.esic.in

F. No. 114-A-11/11/5/2023-Okh -

Dated: 12.4.24

COMPULSORY HEALTH CHECK UP CERTIFICATE

SHRI AMARNATH YATRA, 2024

Shri Amarnath Yatra, 2024, Health Check up will be initiated in Room No. 101, Eye OPD, ESIC Hospital, Okhla.

The Applicant will submit the filled in health Check up Form to the Nursing Orderly posted at the Facilitation Counter.

Nodal Officers will evaluate the Forms as per the Shri Amarnath Yatra guidelines issued by Delhi Government and recommend investigations if considered necessary.

Nodal officer will fill the required investigations forms and direct the Applicant to the relevant department/s.

The Applicant will submit all reports (wherever required) to the Nodal Officer.

On completion of the process, the Nodal Officers will issue the signed and stamped Health Check Up Certificate Shri Amarnath Yatra, 2024.


Dr. Sangeeta Kakar

Dy. Medical Superintendent

Copy to:

1. All HoDs
2. Dr Anoop Taneja CMO (NFSG)
3. Dr R S Murugan SAG
4. Dr Ram Prakash Panjiyar CMO
5. DNS

- 1.6 Considering the advice of National Disaster Management Authority (NDMA), Shri Amarnathji Shrine Board in its meeting, held on 31st January, 2013 has decided that no one below the age of 13 years or above the age of 75 years and no lady with 6 week's pregnancy should be allowed to undertake Yatra."

2.0 GUIDELINES FOR DOCTORS / INSTITUTIONS FOR ISSUING COMPULSORY HEALTH CERTIFICATE

- 2.1 Each applicant shall provide information to the Authorised Doctor/ Institution about his/her health status, past medical history and various ailments from he/she may be suffering or may have suffered as prescribed in part (A) of the Compulsory Health Certificate.
- 2.2 The Authorised Doctors/ Institutions shall issue the prescribed Compulsory Health Certificate [in part (B) of the format] after detailed examination of the applicant and necessary investigation(s) / test(s), if needed, and having satisfied himself / herself as to the fitness of the applicant to undertake this arduous Yatra.
- 2.3 The Authorised Doctors/ Institutions shall not issue Compulsory Health Certificate to any applicant who is below the age of 13 years or above the age of 75 years and to pregnant lady with 6 weeks pregnancy.
- 2.4 For Yatra 2020 the Authorised Doctors/ Institutions shall issue the Compulsory Health Certificates from 15th February, 2020. The CHCs issued before 15th February, 2020 would not be valid for the Registration purposes.
- 2.5 All the doctors/ Health Institutions authorised by the State Governments/ UTs shall appropriately evaluate the health conditions of the applicant, [keeping in view the high altitude of the Yatra route (as high as 14,500 ft), temperature variation (the temperature goes as low as 5 degree Celsius in case of bad weather), level of oxygen in the Yatra area, difficult terrain, steep ascent in the Yatra route at high altitude] and after careful

examination/ investigation ensure that Compulsory Health certificate is issued to medically fit applicants only.

- 2.6 The nominated Doctors shall ensure that the applicant who had undergone bypass surgery or even had implanted stents are not issued CHC facilitating them to get YPF in view of the high altitude of the Yatra route level of oxygen in the Yatra area, difficult terrain, steep ascent in the Yatra route at high altitude. The nominated Doctors shall further ensure foolproof and effective screening of intending pilgrims especially to the cardiac / diabetic patients before issuing of CHCs to them.
- 2.7 The nominated Doctors shall indicate their 'MCI Registration Number' and "name" at the appropriate places indicated in Part (B) of the enclosed CHC at Annexure-I while issuing the Compulsory Health Certificates. The nominated Doctors shall not leave any place blank in Part (B) of the CHC while signing the CHC.
- 2.8 The authorised doctors shall maintain proper record of the issuance of CHC so that the database so generated could be analysed for bringing about further improvements in the health care facilities in the Yatra area and /or for making further changes in the format of CHC.



COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2023

Paste recent
passport size
photograph here

PART A: (TO BE FILLED BY APPLICANT)

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

Age limit:

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

b) Women with pregnancy should not be pregnant for more than 6 weeks, are allowed to perform Yatra Pilgrimage.

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 Yatri)		

- History of Heart Attack, if yes please specify _____
- History of sudden death in family, 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: _____