

**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 \_\_\_\_\_