



# COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2026

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## 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) No lady with more than 6 weeks pregnancy will be registered for the Yatra 2026.

## 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 ( <b>Applicable to female Yatris</b> ) |     |    |

- 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: .....