ART A: (TO BE FILLED BY APPLICANT)							Paste recent passport size photograph here	
Name:S/O, D/O, W/O:								
	Birth: <u>//</u> Aadhaar No							
Identific	ation Mark:							
Age lin a) For '	nit: Yatri: Should not be less than 13 Years or more th	1at 70 Years (old.					
	lady with more than 6 weeks pregnancy wi							
DECLAR	ATION: Have you suffered from or have h	history of a	any of the	following	g:		_	
S. No	Condition	Yes	No	S. No	Condition	Yes		
A)	Breathlessness	-01		B)	Diabetes		<u> </u>	
C)	Respiratory/Lung ailment	1000	J	D)	High Blood Pressure		<u> </u>	
E)	Blood disorder			F)	Asthma			
G)	Bleeding tendencies	<u></u>	~	H)	Epilepsy			
l)	Heart ailment			J)	Nervous breakdown			
K)	Joint Pains			L)	High altitude/mountain Sickness		<u> </u>	
M)	Discharge from ear	7	~	N)	History of stroke/ paralysis			
O)	Are you a smoker			P)	Are you pregnant (Applicable to female Yatris)			
•	History of sudden death in family member Any major injury in the past, if yes please Any other ailment, if yes please specify History of surgery, if yes please specify	specify						
	Are you under any medication, if yes pleas Are you allergic to drugs, foods and chem	icals, if yes		t of my ki	nowledge and belief, and nothing has bee gnature/thumb impression of the Yatr		led.	

Annexure I