

**MOST URGENT**  
**PERSONAL ATTENTION**  
**TIME BOUND**  
**(Through e-Mail)**

No. HFW-H (ShriAmarnathYatra)/2015  
Health and family welfare Department  
Himachal Pradesh Shimla-09

To,

All the Chief Medical Officers  
Himachal Pradesh

All the Medical Superintendents  
Himachal Pradesh

Dated Shimla-09, the

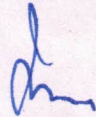


Subject: -

Regarding issuance of compulsory health certificate for Shri Amarnath Ji Yatra.

Madam/Sir,

In continuation to this Directorate letter of even No. dated 26.03.2024 on the subject cited above. In this context, the list of Sr. Medical Superintendent/Medical Superintendent & Medical Officers nominated for medical examination of pilgrims for the Amarnath Ji Yatra 2024 is enclosed herewith for further necessary action. The nominated Sr. Medical Superintendent/Medical Superintendent & Medical Officers are requested to indicate their MCI Registration number and name at appropriate place indicated in the Annexure-1 and not to leave any space blank while issuing compulsory health certificates and follow all the instructions issued by the CEO, Shri Amarnathji Shrine Board already circulated vide this Directorate letter of even No. dated 26.03.2024.


  
Director Health Services  
Himachal Pradesh

Endst. No. as above

Dated, Shimla-9, the

Copy to: -

1. The Secretary (Health) to the Government of H.P. for information please.
2. The Chief Executive Officer, Shri Amarnathji Shrine Board, 2<sup>nd</sup> floor, block 3, Engineering Complex, Rajbagh, Srinagar w.r.t. their letter dated 29.02.2024. The soft copy of the same has also been sent on e-Mail ID [sasbjk2001@gmail.com](mailto:sasbjk2001@gmail.com).

  
Director Health Services  
Himachal Pradesh

## List of Doctors nominated for issuance of compulsory Health Certificate for Shri Amarnath Ji Yatra

District	Name of Health Institution & Designation of nominated Medical Officer	STD Code	Telephone Number
Bilaspur	MS Regional Hospital, Bilaspur	0 1978	221242
	BMO Civil Hospital, Ghawandal	NA	NA
	BMO Civil Hospital, Markand	0 1978	286026
	BMO Civil Hospital, Ghumarwin	0 1978	255238
	SMO Civil Hospital, Barthin	0 1978	267190
	BMO Jandutta	0 1978	272024
Chamba	BMO Civil Hospital, Dalhousie	0 1899	242125
	BMO Civil Hospital, Kihar	NA	NA
	BMO Civil Hospital, Salooni	NA	NA
	SMO Civil Hospital, Chowari	0 1899	266333
	SMO Civil Hospital, Tissa	NA	NA
	BMO Choori	NA	NA
	BMO Pukhari	NA	NA
	BMO Samote	NA	NA
	BMO Civil Hospital, Bharamaur	0 1899	271011
	BMO Civil Hospital, Pangi at Killar	0 1897	242246
Hamirpur	BMO Civil Hospital, Touni-Devi	0 1972	278434
	BMO Civil Hospital, Bhoranj	0 1972	266026
	BMO Civil Hospital, Sujampur Tihra	0 1972	272043
	BMO Civil Hospital, Barsar	0 1972	228034
	BMO Galore	NA	NA
	BMO Civil Hospital, Nadaun	0 1972	232248
Kangra	MS Zonal Hospital, Dharamsala	0 1892	224812
	BMO Civil Hospital, Nagrota Bagwan	0 1892	252294
	BMO Civil Hospital, Palampur	0 1970	245037
	BMO Civil Hospital, Bhawarna	0 1894	247258
	BMO Civil Hospital, Nurpur	0 1893	220036
	BMO Civil Hospital, Dehra	0 1970	233105

	BMO Civil Hospital, Jawalamukhi	0 1970	222237
	BMO Civil Hospital, Kangra	0 1892	265054
	BMO Civil Hospital, Indora	0 1893	241239
	BMO Civil Hospital, Baijnath	0 1894	263166
	BMO Civil Hospital, Chadhiar	0 1970	272037
	BMO Civil Hospital, Garli	NA	NA
	BMO Civil Hospital, Dadasiba	0 1970	289237
	BMO Civil Hospital, Thural	0 1894	276634
	BMO Civil Hospital, Jaisinghpur	NA	NA
	BMO Civil Hospital, Fatehpur	0 1893	256473
	BMO Civil Hospital, Rehan	0 1893	251756
	BMO Civil Hospital, Gangath	0 1893	275042
	BMO Civil Hospital, Khundian	NA	NA
	BMO Civil Hospital, Shahpur	0 1892	238038
	BMO Nagrota Surian	0 1983	265042
	BMO Gopalpur	0 1894	252226
	BMO Tiara	0 1894	232313
	BMO Mahakaal	0 1894	265301
	BMO Civil Hospital, Jawali	NA	NA
Kinnaur	MS Regional Hospital, Reckong- Peo	0 1786	222256
	MO I/c Civil Hospital, Chango	NA	NA
	BMO Civil Hospital, Bhawa Nagar	0 1786	292890
Kullu	MS Regional Hospital, Kullu	0 1902	222350
	BMO Civil Hospital, Tegu Behar	0 1902	276257
	BMO Civil Hospital, Banjar	0 1903	222214
	BMO Civil Hospital, Manali	0 1902	253385
	BMO Civil Hospital, Nirmand	0 1904	255129
	BMO Civil Hospital, Anni	0 1904	253334
	BMO Jari	0 1902	276257
	BMO Naggur	0 1902	248294
Lahaul & Spiti	MS Regional Hospital, Keylong	0 1900	222255
	SMO I/c Civil Hospital, Udaipur	0 1909	222227
	BMO Civil Hospital, Kaza	0 1906	222218

Mandi	MS Netaji Subhash Chandra Bose Zonal Hospital, Mandi	0 1905	222928
	BMO Civil Hospital, Ratti	0 1905	242296
	SMO Civil Hospital, Sundernagar	0 1907	266223
	SMO Civil Hospital, Sarkaghat	0 1905	230036
	SMO Civil Hospital, Joginder Nagar	0 1908	222038
	SMO Civil Hospital, Lad-Bharol	0 1908	278140
	BMO Civil Hospital, Padhar	0 1908	260228
	Civil Hospital, Nagwain	0 1905	287430
	BMO Civil Hospital, Karsog	0 1905	222218
	BMO Civil Hospital, Sandhol	0 1905	273223
	BMO Civil Hospital, Dharampur	0 1097	272038
	BMO Civil Hospital, Kotli	0 1905	281231
	BMO Civil Hospital, Janjehali	0 1907	256512
	BMO Civil Hospital, Gohar	0 1907	250293
	BMO Civil Hospital, Bagsaid	0 1907	254225
	BMO Civil Hospital, Sandhol	0 1905	273223
	Civil Hospital, Riwalsar	0 1905	292831
	BMO Civil Hospital, Mandap	94597	61774
	BMO Civil Hospital, Dehar	82644	61972
	BMO Katola	0 1905	269451
	BMO Civil Hospital, Baldwara	0 1905	258053
	BMO Rohanda	0 1907	274120
Shimla	MS DDU Zonal Hospital, Shimla	0 177	2658941
	SMO Civil Hospital, Junga	94182	13385
	Civil Hospital, Sunni	177	2786634
	SMO Civil Hospital, Kotgarh	0 1781	252022
	BMO Civil Hospital, Kumharsain	0 1782	240063
	BMO Rampur	1782	292202
	MS Mahatma Gandhi Medical Services Complex Khaneri (Rampur)	0 1782	234969
	SMO Civil Hospital, Sarahan	94184	84452
	SMO Civil Hospital, Theog	0 1783	238204

	SMO Civil hospital Jubbal	0 1781	252022
	MO I/c Civil Hospital, Chopal	0 1783	260022
	MS Civil Hospital, Rohru	0 1781	240011
	MO I/c Civil Hospital, Kwar	70182	59369
	BMO Civil Hospital, Nerwa	0 1783	264338
	BMO Mashobra	0 177	2740230
	BMO Matiana	0 177	225222
	BMO Nankhari	70182	79016
	BMO Kotkhai	86289	69277
	BMO Chirgaon	0 1781	277400
	BMO Tikkar	0 1781	233400
Sirmaur	BMO Rajpur	NA	NA
	BMO Dhagera	0 1702	267335
	BMO Civil Hospital, Rajgarh	0 1799	221042
	BMO Civil Hospital, Paonta	0 1704	222327
	BMO Civil Hospital, Dadahu	0 1702	267335
	BMO Civil Hospital, Sarahan	0 1799	236731
	BMO Civil Hospital, Shillai	0 1704	278542
Solan	MS Regional Hospital, Solan	0 1792	223638
	SMO MS Civil Hospital, Chail	0 1792	248329
	BMO Civil Hospital, Kandaghat	0 1792	256137
	MS E.S.I. Hospital, Parwanoo	0 1792	234534
	BMO Civil Hospital, Arki	0 1796	220368
	Civil Hospital, Kunihar	0 1796	260222
	Civil Hospital, Baddi	0 1795	244108
	BMO Nalagarh	0 1795	221204
	BMO Syri	0 1792	288056
	BMO Dharampur	0 1792	264025
	BMO Chandi	0 1792	278555
Una	MS Regional Hospital, Una	0 1975	223068
	BMO Civil Hospital, Chintpurni	NA	NA
	BMO Civil Hospital, Amb	0 1976	260274
	BMO Civil Hospital, Haroli	0 1975	284022
	BMO Civil Hospital Gagret	0 1975	241319
	BMO Civil Hospital, Bangana	0 1975	262343
	BMO Thanakalan	0 1975	273036
	BMO Basdera	70180	17912

*dh*  
✓



## COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2024

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 that 70 Years old.
- b) No lady with more than 6 weeks pregnancy will be registered for the Yatra 2024

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 Yatris)		

- 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: .....



## श्री अमरनाथजी यात्रा 2024 के लिए अनिवार्य स्वास्थ्य प्रमाणपत्र

भाग क: (आवेदक द्वारा भरा जाएगा)

1. नाम: \_\_\_\_\_ पुत्र/श्री,पुत्री/श्री,पति/श्री: \_\_\_\_\_
2. पता: \_\_\_\_\_
3. जन्मतिथि: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ आधार संख्या \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ब्लड ग्रुप \_\_\_\_
4. पहचान चिन्ह: \_\_\_\_\_

हाल ही में पासपोर्ट  
आकार की तस्वीर  
यहां चिपकाएं

आयु सीमा:

क) यात्रियों हेतु: 13 वर्ष से कम और 70 वर्ष से अधिक आयु नहीं होनी चाहिए।

ख) 6 सप्ताह से अधिक की गर्भावस्था वाली किसी भी महिला को यात्रा 2024 के लिए पंजीकृत नहीं किया जाएगा

5. घोषणा : क्या आपका निम्नलिखित में से किसी बीमारी से ग्रसित होने या बीमारी का कोई इतिहास है।

क्रम संख्या.	स्थिति	हाँ	नहीं	क्रम संख्या	स्थिति	हाँ	नहीं
क)	थास लेने में कठिनाई			ख)	मधुमेह		
ग)	थास/फेफड़ों का रोग			घ)	उच्च रक्त चाप		
ङ)	रक्त विकार			च)	अस्थमा		
छ)	रक्तस्राव की प्रवृत्ति			ज)	मिर्गी		
झ)	हृदय रोग			ञ)	नर्वस ब्रेकडाउन		
ट)	जोड़ों में दर्द			ठ)	उच्च ऊंचाई/पर्वतीय बीमारी		
ड)	कान से रिसाव			ड)	स्ट्रोक/पक्षाघात होने का कोई इतिहास		
ण)	क्या आप धूम्रपान करते हैं			त)	क्या आप गर्भवती हैं (महिला यात्रियों के लिए लागू)		

- हृदयघात का इतिहास, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- परिवार के किसी सदस्य की अचानक हुई मृत्यु का इतिहास, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- पूर्व में कोई बड़ी चोट, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- अन्य रोग, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- शल्य चिकित्सा, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- आपका कोई इलाज चल रहा है, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_
- आपको किसी औषधि, भोजन और रसायन से कोई एलर्जी है, यदि हाँ कृपया उल्लेख करें \_\_\_\_\_

मैं घोषणा करता/करती हूँ कि मेरे द्वारा उपर्युक्त दिया गया सभी विवरण सत्य है, और कुछ भी छुपाया नहीं गया है।

दिनांक: \_\_\_\_\_

(यात्री के हस्ताक्षर/अंगूठे का निशान)

भाग ख: (प्राधिकृत चिकित्सा अधिकारी द्वारा भरा जाएगा)

आवेदक द्वारा दी गई जानकारी, विस्तरित परीक्षण और आवश्यक जाँचों के आधार पर यह प्रमाणित किया जाता है कि श्री/सुश्री/श्रीमति \_\_\_\_\_ श्री अमरनाथजी पवित्र तीर्थयात्रा के लिए स्वस्थ हैं।

प्रमाण पत्र जारी करने से पूर्व किए गए विशिष्ट परीक्षणों का विवरण : \_\_\_\_\_

चिकित्सक का नाम \_\_\_\_\_

प्राधिकृत चिकित्सा अधिकारी के हस्ताक्षर एवं मुहर

पदनाम \_\_\_\_\_

एमसीआई/ राज्य चिकित्सा परिषद पंजीकरण सं. \_\_\_\_\_

जारी करने की तिथि \_\_\_\_\_

**INDICATIVE GUIDELINES FOR DOCTORS / INSTITUTIONS FOR ISSUING COMPULSORY HEALTH CERTIFICATE (CHC) FOR SHRI AMARNATHJI YATRA 2024.**

- 1 Each applicant shall provide information to the Authorised Doctor/ Institution about his/her health status, past medical history and various ailments from which he/ she may be suffering from or may have suffered, as prescribed in part (A) of the Compulsory Health Certificate (CHC).
- 2 The Authorised Doctors/ Institutions shall issue the CHC [in part (B) of the format] after detailed examination of the applicant and necessary investigation(s) / test(s), as required, and having satisfied himself / herself as to the fitness of the applicant to undertake Yatra.
- 3 The Authorised Doctors/ Institutions shall not issue CHC to any applicant who is below the age of 13 years or above the age of 70 years and to any lady with a pregnancy of 6 weeks or more.
- 4 For Yatra 2024 the Authorised Doctors/ Institutions are required to issue the CHC not earlier than one week prior to date of commencement of advance registration for Yatra 2024 ( The date of advance registration shall be indicated in due course of time on SASB website: <https://www.jksasb.nic.in>.)
- 5 **All the doctors/ Health Institutions authorised by State Governments/ UTs shall appropriately evaluate health condition of the applicant considering high altitude of Yatra tracks, likely fall in temperatures during inclement weather, low level of oxygen in Yatra area, steep ascent at high altitude; and after careful examination of the patient, carrying out of required investigations, ensure that CHC is issued to medically fit applicants only.**
- 6 The nominated Doctors shall ensure foolproof and effective screening of intending pilgrims including their status vis-a-vis cardiac/ pulmonary issues/ hypertension/ diabetes etc. before issuing of CHCs to them.
- 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.
- 8 The authorised doctors shall maintain proper record of CHCs issued so that database so generated could be utilised, as & when required, for bringing about further improvement in the provisioning of health care facilities during annual yatra.