



॥ श्रीः ॥

Gunagaurav Nyas Sanchalit

**Navvarsh Swagat Yatra Samiti, Nashik
& Savyasachi Gurukulam Vengrul, Ta. Budargad, Kolhapur**



Organized in association with

Shivkalin Yudhhkala & Swasanrakshan Prashikshan Shibir

Name

Father / Spouse Name

DOB

Address

CityPin.....State.....

I am Vaccinated for Covid-19- First Dose Yes No | Second Dose Yes No

I assure that I will follow the Covid-19 guidelines during the Program.

Present illness / Past illness / Physical Disability	Is the Applicant suffering from		
	Any Infectious Disorder	Yes	No
Any unknown allergy to Drugs / Foodstuff	Hypertension	Yes	No
	Bronchial Asthma	Yes	No
History of taking drugs for Chronic Disease	Diabetes Mellitus	Yes	No
	Epilepsy	Yes	No
	Heart Disease	Yes	No
Above 45 years Male / Female	BP	ECG Report	Blood Sugar Report
Female	HB		

I have medically examined Mr /Ms _____
on (Date) _____ and found him / Her medically / Mentally
fit to undergo any Adventure / Trekking expedition in high altitude areas & in the
mountains and as per history and clinical examination he/she is not suffering from any
chronic disease.

Name of Dr _____ Degree _____ Reg No _____

Signature & Seal