

**ATAL BIHARI VAJPAYEE INSTITUTE OF MOUNTAINEERING AND ALLIED SPORTS, MANALI (ABVIMAS)**

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**MEDICAL CERTIFICATE**

1. NAME		2. AGE	
3. Height		4. WEIGHT	
5. DATE OF LAST VACCINATION (Tab, Cholera &Inoculation)			
6. Respiration Rate at Rest		7. Chest Expansion	
8. Pulse Rate		9. Blood Pressure	
10. Condition of Upper limb, Toes and Feet		11. Urine Examination	
12.Eyes/ Ears/ Throat		13 .Blood Group	

Photo

Attested by  
Medical Officer

**Applicant should not have Asthma, Epilepsy or any other major deformity, Hernia and Chronic diseases.**

**In my opinion Mr./Ms. \_\_\_\_\_ Whose signature is given below is fit to undergo above course.**

Signature of Applicant

Signature of Medical Officer with seal

REGISTRATION NUMBER OF THE COUNCIL																			
Dated																			
PLACE																			
TEL/Mob. No.																			

Note: The medical officer should be MBBS/GAMS and given his/her registration number of the council.

**RISK CERTIFICATE**

**It is certified that I agree to detail my son/daughter/myself for course at my own risk and no compensation will be paid to me in case of accident and I will not hold the Institute or its staff wholly or partially responsible for any mishappening.**

Date

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Signature of Guardian/Parent/Applicant

Signature of Applicant

**COUNTERSIGNED**

Note: The risk certificate for applicants below 18 years of age is to be signed by Parent/Guardian and applicant above 18 years can sign himself / herself and countersigned by sponsoring authority.