

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.

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Signature of Applicant

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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.