

Dear \_\_\_\_\_,

Please find attached herewith soft copy of Proforma of Medical Fitness Certificate to be submitted by Participant of Sahyankan-2017. This certificate **MUST** be produced before boarding the bus at Mulund on the respective date of departure. In case you are boarding the bus at any other place or reporting at Gunde Village directly, you should mail a scanned copy of Medical Certificate and submit original to the leader. It may also be noted that the medical certificate should not be obtained prior to 7 days from the date of departure.

No participant will be allowed to board the bus at Mulund or directly join the trek without producing the medical Certificate as specified in above manner. In case of any doubt feel free to revert Please acknowledge this mail.

Regards

(For Chakram Hikers, Mulund)

**FORMAT-1:**

**For those who have not mentioned any specific illness while filling up the Sahyankan-2017 application form**

Proforma of Medical Certificate to be submitted by Participant of Sayankan-2017  
(To be obtained from a doctor holding minimum of MBBS degree)

This is to Certify that I have examined Mr / Mrs / Miss

\_\_\_\_\_ , (Age:\_\_\_\_\_, Weight\_\_\_\_\_Kg. ,

Blood Pressure\_\_\_\_\_). According to me he / she is not suffering from

any active or chronic incapacitating illness and is fit to participate in a five day strenuous trekking activity in Sahyadri.

Date:

Signature of Doctor

Seal along with Name, Regn. No.

**FORMAT-2:**

**For those who have mentioned any specific illness while filling up the Sahyankan-2017 application form**

Proforma of Medical Certificate to be submitted by Participant of Sayankan-2017  
(To be obtained from a doctor holding minimum of MBBS degree)

This is to Certify that I have examined Mr/Mrs/Miss

\_\_\_\_\_, (Age:\_\_\_\_\_, Weight\_\_\_\_\_Kg. ,

Blood Pressure\_\_\_\_\_). I have also been informed by him / her that he

/she is having a past medical history of \_\_\_\_\_ . According to me

he / she is not suffering from any active or chronic incapacitating illness and is fit to participate in a five day strenuous trekking activity in Sahyadri.

Date:

Signature of Doctor

Seal along with Name, Regn. No.