

Most Urgent

GOVT. OF NCT DELHI
DIRECTORATE OF HEALTH SERVICES
SAWASTHYA SEWA NIDESHALAYA BHAWAN
F-17, KARKARDOOMA DELHI -110032

F1/82/2015/DHS/MHS/ 888-96
To

Dated: 3/3/15

The Medical Superintendent
(As per List at Annexure A & B)

Sub: Constitution of Medical Team for Examination of Shri Amarnathji Yatris-2015

Sir/Madam,

Shri Amarnathji Shrine Board in coordination with Government of Jammu and Kashmir organises Amarnathji Holy Yatra during the period June to August. Significant number of pilgrims undertake this arduous journey which involves variable weather conditions and high altitude trekking.

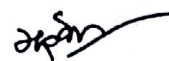
In compliance to the Secretary (H&FW) letter vide F.15/H&FW/2676 Dated 12th February 2015, you are requested to identify the team of medical experts in your hospital to examine and issue Compulsory Health Certificate (Copy enclosed). As per Hon'ble Supreme Court directions all government hospitals should issue compulsory health certificates free of cost. Do's and Don'ts for yatra issued by Shri Amarnathji Shrine Board is also to be distributed along with the certificate.

A daily report of number of Compulsory Health Certificates with details i.e Name, Age, Address and Phone No. of the Person to whom the certificate is issued to be send to Dr. K. S. Baghotia, State Nodal Officer GNCT Delhi for Shri Amarnathji Yatra Pilgrimage/Addl. Director (Mobile Health Scheme) DGD Building, B Block, Prashant Vihar, New Delhi-110085 or through email: cmomhs-dhs.delhi@nic.in

Yours faithfully,

Enc:

1. Annexure A (List of Govt. Hospitals)
2. Annexure B (List of Private Hospitals)
3. Format for Certificate
4. Do's and Don'ts for Yatra



(Dr. S.K. Sharma)
Director Health Services

F1/82/2015/DHS/MHS/ 888-96

Dated: 3/3/15

Copy to:

1. Secretary (Health) and Medical Education Department, Govt. of J& K, Civil Secretariat, Jammu.
2. The Secretary (Health & FW), GNCT Delhi, A wing, 9th Level, Delhi Secretariat, IP Estate, New Delhi -110002.
3. The Joint Secretary, Ministry of Health and Family Welfare, GOI, Nirman Bhawan, New Delhi-110108.
4. Sh. Rakesh Kumar Gupta, CEO, Shri Amarnathji Shrine Board, Raj Bhawan, Jammu-190001.
5. Addl. DDG and Director (EMR), Directorate General of Health Services, Room no. 555-A, Nirman Bhawan, New Delhi.
6. Dr. K.S. Baghotia, State Nodal Officer GNCT Delhi for Shri Amarnathji Yatra Pilgrimage/Addl. Director (Mobile Health Scheme), B Block Prashant Vihar , New Delhi-110085.
7. MSNH, Nursing Home Cell, Directorate of Health Services, F-17, Karkardooma, Delhi-32.
8. Guard File.



(Dr S. K. Sharma)
Director Health Services

Annexure A

Shree Amarnathji Yatra
List of Nodal Officers/Hospitals to Issue Compulsory Health Certificate
Government Hospitals in Delhi

S. No.	District	Name of the Government Hospital	Nodal Officer	Phone No.
1.	East	Lal Bahadur Shastri Hospital, Khichri Pur, Delhi	Dr. L.M. Singh	011-22774145
2.	Shahdara	Swami Dayanand Hospital, Dilshad Garden, Delhi	Dr. Mukesh Kumar	011-22582512
3.		Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi	Dr. Desh Raj	011-22393155
4.		GTB Hospital, Dilshad Garden, Delhi	Dr. Praveen Kumar	011-22692407
5.	North East	Jag Parvesh Chander Hospital, Shastri Park, Delhi	Dr. B.P.Parwal	011-22184453
6.	North	Satyawadi Raja Harish Chander Hospital, Narela, Delhi	Dr. Pradeep Kumar	011-27787304
7.		Mahrishi Valmiki Hospital, Pooth Khurd	Dr. Navin Masand	9718502027
8.		Babu Jagjivan Ram Memorial Hospital, Jahangir Puri, Delhi	Dr. Avinash Kumar	9968609878
9.	North West	Dr. Baba Saheb Ambedkar Hospital, Rohini, Delhi	Dr. P. S. Nayyer	011-27055585
10.		Bhagwan Mahavir Hospital, Pitam Pura, Delhi	Dr. Pankaj Gupta	011-27034535
11.		Sanjay Gandhi Memorial Hospital, Mangol Puri, Delhi	Dr. M. M. Kohli	011-27922843
12.	West	Deen Dayal Upadhyay Hospital, Hari Nagar, Delhi-64	Dr. Anil Garg	011-25408001
13.		Guru Gobind Singh Hospital, Raghubir Nagar, Delhi	Dr. Perminder Kaur	011-245986140/374
14.		Acharya Shri Bhikshu Govt. Hospital, Moti Nagar, Delhi	Dr. Alok Tirkey	9717697895
15.	South West	Rao Tula Ram Memorial Hospital, Jaffar Pur, Delhi	Dr. Sangeeta Basu	011-25318555
16.	South	Pt. Madan Mohan Malviya Hospital, Malviya Nagar, Delhi	Dr. Anshu Goel	011-26680603
17.	South East	ESI Hospital, Okhala, New Delhi.	Dr. K. Goldar	011-26814161
18.	New Delhi	Dr. Ram Manohar Lohia Hospital, BKS Marg, New Delhi	*Dr. A K. Gadpayle	011-23747027
19.		Shrimati Sucheta Kriplani Hospital, Bhagat Singh Marg, Delhi	Dr. R K Anand Dr. R K Dhamija	011-23343984
20.		Safdarjung Hospital, Ring Road, New Delhi	Dr. Rajpal	011-26190763
21.	Central	Lok Nayak Hospital, JLN Marg, New Delhi	Dr. Anita Bangotra	011-23232400
22.		Aruna Asaf Ali Hospital, Rajpur road, Delhi	Dr. S K Sharma	011-23965532
23.		Hindu Rao Hospital, Civil Lines, New Delhi	Dr. Alka Puri	011-23905330

Annexure B

Shree Amarnathji Yatra
List of Nodal Officers/Hospitals to Issue Compulsory Health Certificate
Private Hospitals in Delhi

S. No.	District	Name of the private Hospital	Nodal Officer	Phone No.
1.	East	Max Super Speciality Hospital, I. P. Extension, New Delhi	Dr. Jaideep Goel Dr. Sonia *Dr. Indranil Mukhopadhyay	011-43033333 9871800477
2.		Metro Hospital, Preet Vihar	Niloy Mitra, Siddarth	9910488472
3.	North	Jaipur Golden Hospital, Rohini	Dr. Khusali , Mr Rakesh Gera	9818646489, 9810154019
4.	North West	Fortis Hospital, Shalimar Bagh, New Delhi	Dr. Rajiv Nayyar	9818590052
5.		Max Super Speciality Hospital, Pitam Pura, New Delhi	*Dr. Nitish Mittal *Dr Shivani	9810737149 9871108802
6.		Max Super Speciality Hospital, Shalimar Bagh, New Delhi	Dr. Vandana Boobna	9560022256
7.	West	Kalra Hospital, Kirti Nagar	Dr. Abhinav Suri	9810260283
8.		Kukreja Hospital, Vishal Encl. Rajouri Garden	Dr. Ram	9810748258
9.		Maharaja Agarsen Hospital, Punjabi Bagh, New Delhi	Dr. Suprana Jha	9958691524
10.		Mata Chanan Devi Hospital, Janakpuri	Dr. A C Shukla	9811560885
11.		Sir Ganga Ram Hospital, Rajendra Nagar, New Delhi	Dr. Ruby Saheni	9582420959
12.		Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi	Dr. Praveen Mangla	8376904103
13.	South West	Bensups Hospital, Sec 12, Dwarka	*Dr. Moshmi C Sarmah	011-45550000 9810725501
14.		Rockland Hospital, Sec 12 Dwarka	*Dr. Rajiv Chandra	011-48222222 9654615599
15.	South	Fortis Hospital, Vasant Kunj, New Delhi	Dr. Amrita Boprani	9871105070
16.		Max Super Speciality Hospital, Saket, New Delhi	*Dr. Nalini Kaul *Dr Shahar Qureshi *Dr Mahesh	9999921968 9999410231 9312276088
17.		Rockland Hospital, Qutab Instl. Area	Dr. Pramod Gautam	9958922558
18.	South East	Batra Hospital, Tuglakabad Instl. Area	Dr. Chug, Dr. Naveen Kumar	9810025080 9212717314
19.		Indraprastha Apollo Hospital, Sarita Vihar, New Delhi	Dr. Gitanjali Kochar	29871091
20.	New Delhi	Max Medical Centre, Panchsheel Marg, Jankya Puri New Delhi	Dr. Rachna Kucheria	011-26499870
21.		R.L.K.C. Metro Hospital, Naraina Road	Prabhas Kumar Jha	9968363615
22.	Central	Sanjivan Hospital, Daryaganj	J. Murugan	9810636938
23.		St. Stephens Hospital, Tis Hazari	Dr. Vijay Kataria	9810495920, 011-2396602
24.		Tirath Ram Hospital, Civil Lines	Dr. Handa	9958511948

COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2015

Please paste
one recent
passport size
photograph
here

PART A: (TO BE FILLED BY APPLICANT)

1. Name _____ S/o: D/o: W/o _____
Address _____

2. Date of Birth _____ Identification mark: _____ Blood Group: _____

3. DECLARATION: Have you suffered from or have history of any of the following:

- | | | | |
|------------------------------|--|------------------------------------|--|
| a) Breathlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No | b) Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Respiratory/ lung ailment | <input type="checkbox"/> Yes <input type="checkbox"/> No | d) High Blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | f) Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Bleeding tendencies | <input type="checkbox"/> Yes <input type="checkbox"/> No | h) Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Heart ailment | <input type="checkbox"/> Yes <input type="checkbox"/> No | j) Nervous breakdown | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Joint Pains | <input type="checkbox"/> Yes <input type="checkbox"/> No | l) High altitude/mountain sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Discharge from ear | <input type="checkbox"/> Yes <input type="checkbox"/> No | n) History of stroke/ paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) Are you a smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No | p) Are you pregnant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- (applicable to female Yatis)

- q) History of Heart Attack; if yes, please specify _____
- r) History of sudden death in family members; if yes, please specify _____
- s) Any major injury in the past; if yes, please specify _____
- t) Any other ailment; if yes, please specify _____
- u) History of surgery; if yes, please specify _____
- v) Are you undergoing under any medication; if yes, please specify _____
- w) Are you allergic to drugs, foods and chemicals; if yes, please specify _____

4. 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 Applicant)

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: _____