



# INDIAN ADVENTURE FOUNDATION

INDIAN ADVENTURE INSTITUTE (YPAHS) COMING SOON

UNDER RUN BY (IAF)

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Creating An Adventurous India

एक साहसिक भारत का निर्माण

Our Motto

WE TRAIN YOUR BRAIN IN THE TERRAIN.....



## MEDICAL CERTIFICATE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Single/Married \_\_\_\_\_  
Telephone/Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_  
1 Present/Past illness of Significance \_\_\_\_\_  
2. Injuries / operations undergone and present condition \_\_\_\_\_  
3. Any known allergy to drugs or food stuff \_\_\_\_\_  
4. Blood Group \_\_\_\_\_

Is the Applicant Suffering from

- |                               |        |
|-------------------------------|--------|
| (i) Any Infectious disease    | Yes/No |
| (ii) Any Skin disease         | Yes/No |
| (iii) Mental disease          | Yes/No |
| (iv) Heart Trouble            | Yes/No |
| (v) Asthma                    | Yes/No |
| (vi) Any other disease/defect | Yes/No |

5. I, on this date \_\_\_\_\_ have examined Mr./Miss \_\_\_\_\_ and found him/her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer Registration Number & Designation \_\_\_\_\_ Date \_\_\_\_\_

Office Seal  
Signature

## (RISK CERTIFICATE (FOR USE OF APPLICANT BELOW 18 YEARS OF AGE))

It is certified that my son/daughter / ward Mr./Miss \_\_\_\_\_ is joining the above mentioned Expedition Programme with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the Indian Adventure Foundation & IAI of YPAHS Adventure Programme .

Signature of Parent/Guardian

Relationship with participant \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Aadhar card no \_\_\_\_\_

Date:- \_\_\_\_\_ Mobile No- \_\_\_\_\_ E-mail \_\_\_\_\_

Insurance No : \_\_\_\_\_ date of Expire \_\_\_\_\_

### For office use

Selected/Not Selected

(Programme In charge)

Reg. Fee Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

Camp Fee Rs \_\_\_\_\_ R.N. \_\_\_\_\_ Date \_\_\_\_\_

Signature of the officer