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**Indian Himalayan Center for Adventure & Eco Tourism
(IHCAE)**

Chemchey, Sikkim

APPLICATION FORM

(TO BE FILLED OR TYPED IN BLOCK LETTERS)

NOTE : INCOMPLETE FORMS WILL NOT BE ACCEPTED

Affix
Photograph
Here
(1)

Affix
Photograph
Here
(2)

1. Name _____
2. Date of Birth _____ (in words) _____
3. Occupation _____
4. Permanent Address _____ Pin : - _____
Telephone with STD Code _____ E-mail _____
5. Telephone with address and next of kin, Parent/Guardian (in the event of an accident)
Name _____
Address _____ Pin : _____
Telephone with STD Code _____ E-mail _____
6. Course to be attended- BMC/AMC/S&R/ Adventure / Category – Student Indian/ Indian National /Foreigner.
Option (a) Ser No.....Commencing on.....
Option (b) Ser No.....Commencing on.....
7. Vegetarian or Non-Vegetarian. _____
8. Training fee Rs _____ is enclosed vide Bank Draft No. _____ dated _____
(forward SBI Bank Draft only).

I have read the rules and regulations of Indian Himalayan Centre for Adventure and Eco-Tourism (IHCAE), Sikkim relating to the courses of training in Mountaineering/Adventure/Search & Rescue/ Method of Instruction/ Guide/Skiing and have fully understood the meaning and significance of the same. The above entries have been made by me and they are true and correct. **I also declare that I have not attended the same course earlier/ and not applying for the repetition of the course.**

Date _____

Signature of Applicant _____

9. Nationality _____ (the proof of identity must be certified by Sub-Divisional Magistrate or a Gazetted Officer).

Certified that I Know the applicant and confirm that he / she is an Indian National

Date _____
Place _____

Signature of Gazetted Officer
(with seal)

10. I hereby certify that all the entries are correct in every respect. In case of deaths, accident or injury of any form, the Institute or any of its staff will not be held in any manner wholly or partially responsible.

Signature _____

Date 1. _____
Date 2. _____

1. Applicant _____
2. Parent/Guardian _____

Indian Himalayan Center for Adventure & Eco Tourism (IHCAE)
Chemchey, Sikkim

MEDICAL FORM (Certificate)

Certificate by Medical Authority (Put : - or + Numbers or Alphabets only)

PRESENT PAST HISTORY	Symptoms			Illness		
	Injuries			Operation		
	Allergies			Cong. Defect		
GENERAL EXAM	Height (cms)			Weight (kgs.)		
	Chest (Nrml)			Chest (Exp)		
	Pulse/min			Resp. Rate/min.		
	B.P.(mm Hg)			Temp (0c)		
CVS	Vessls			H Size		
	H Rate/Min			H Sounds		
	Rhythem			JVP		
	Perf Pulses			Varicose Veins		
LUNGS	Br. Sounds			Bilat Exp. Expansion		
	Trachea			Br. Holding (Sec)		
ABDOMEN	Liver			Spleen		
	Abnormal Mass			Hernia		
	Haemorrhoids			Kidneys		
URINARY SYSTEM	Bladder			Testis		
	Prepuce			Hydrocoele		
CNS	Cranial N			Motor F		
	Sensory F			Mental F		
O&G	MC			Abnormal MC		
	PMT			PID		
	LMP			Obstertic		
EYE	Distant Vision	R	L	Near Vision	R	L
	I O T (mmH2O)	R	L	Colour	R	L
ENT	Ear Drums	R	L	Hearing	R	L
	Wax	R	L	Tonsils		
	Sinuses			Epistaxis		
	DNS			Mucosa		
DENTAL	Teeth (No)			Gums		
	Caries			Filling		
LAB	Blood Group			HB (gms%)		
	BT (min/sec)			CT (min/sec.)		
	Urine RE			Spec. Gravity		
	Sugar			Albumin		
VACCINE	RBC			Pus Cells		
	T.T (dt.)			T.A.B. (dt.)		

Space to write any significant finding/advice.

Certified that I, on this dt. _____ examined _____ age _____ sex _____ Region _____
and found him/her medically fit to undergo _____ mountaineering course.

His/Her Blood Group is _____

Date _____

Signature of MO
Regd. No. & Designation

Certificate by Trainee/ Guardian

I Certify the I/ my ward did not conceal any part/present history of illness to the medical authority

Signature of Guardian
Date _____

Signature of Trainee/Ward
Dt. _____

(To be filled by Institute MO)

- _____ was examined by me and found fit/unfit to undergo _____ course.
- Opinion of specialist, Dist. Hospital, Sikkim has been obtained towards medically unfit candidate.

Date _____

Medical Officer

IHCAE, Sikkim