

**HIMALAYAN MOUNTAINEERING INSTITUTE
JAWAHAR PARBAT, DARJEELING – 734101**

APPLICATION FORM

**AFFIX
PHOTO**

1. Name
(IN BLOCK CAPITALS)
2. Permanent Address
.....
.....
..... Pin code

(Please enclose Address proof)

Phone no..... Email Id.....

3. Date of Birth Age on the date of application
Height..... Weight.....Shoe Size (6, 7,8, 9, 10, 11, 12) Jacket Size (S, M, L, XL, XXL)
4. Serial No. of the Course to be attended
BASIC / ADVANCE / MOI / ADVENTURE COURSE (Tick the correct one Ser No)
5. If interested in any other courses in case of non availability of vacancy in the desired courses please
Tick (Yes or No) , if yes write the SI No of the courses as per preference.(Option of more than one
course can be given)
6. Full Course Fee Rs enclosed by Draft No Dt

UTR No & Date(Printout Proof of online payment to be attached)

7. Bank Account No..... Bank Name and Branch.....
IFSC Code.....(For refund of course fee if required)

*Criteria for refund of course Fee is given in the Para 19 of the Training Programme which is available in
our Web site. (www.hmidarjeeling.com)

8. Academic Qualification

Any special qualification or hobbies connected with mountaineering including course if any, attended
earlier.

(a)

(b)

9. Next of Kin (in the event of any eventually) with address & Telephone / if any.
.....
.....
9. In case of any injury, loss of limb, Sickness, Heart attack or Death etc, that I may sustain during the
period of training. I or my relatives will not hold HMI responsible or claim any compensation from HMI
for the same. I want to undertake the course as per my own will.

The above entries have been made by me and are true and correct.

10. Nationality
11. Dietary Details :- Veg/ Non Veg (Please tick one)

Date.....

Place.....

Signature of the applicant
Guardian (in case of minor)

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MEDICAL CERTIFICATE

A. GENERAL

REMARKS

- | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1. Name _____ | } Too much overweight or too to normal should not be accepted. A deviation or more than 15% from normal will not be accepted. |
| 2. Age _____ | |
| 3. Height _____ | |
| 4. Weight _____ | |
| 5. Any Previous illness, their nature and duration _____
_____ | } There should be no complaint due to previous illness, injuries or operation etc. |
| 6. Any previous injuries, accident _____
Present condition _____ | |
| 7. Any operation undergone, their nature and result _____ | |
| 8. Any history of Malaria or any other fever _____ | |
| 9. Date of last vaccination, T.B. and cholera inoculation _____
_____ | } should be protected against typhoid / cholera / tetanus. |
| 10. Any previous exposure to high altitude and any problems encountered _____
_____ | |

B. RESPIRATORY SYSTEM

- | | |
|------------------------------------------------|-------------------------|
| 1. Respiratory rate at rest _____ | Normal |
| 2. Range of chest expansion _____ | should be 5cms. Minimum |
| 3. Any history of breathlessness _____ | } should be nil |
| 4. Any history of chest pain _____ | |
| 5. Ever suffered from Asthma or Pleurisy _____ | |

C. CIRCULATORY SYSTEM

- | | |
|-----------------------------------------------------------|---------------------------------------------------|
| 1. Pulse rate at rest _____ | Normal |
| 2. Blood Pressure _____ | Normal (Above 140/90 mm.Hg will not be accepted). |
| 3. Any history of giddiness or fainting attacks _____ | } Should be nil |
| 4. Any history of palpitations _____ | |
| 5. Any history of pain over heart region _____ | |
| 6. Are the veins in any part enlarged or varicose ? _____ | |

D. ALIMENTARY SYSTEM

- 1. Any history of dysentery or jaundice_____ should not be recent and persisting
- 2. Any history of Hernia. If so operated or not. When was it operated ?
Any complaint after the operation?_____ } Should be nil
- 3. Any history of Appendicitis. If operated, the
Present condition_____ } Should be nil
- 4. Any history of recurring pain in the abdomen_____ } Should be nil
- 5. Any history of renal or intestinal colic_____ }

E. NERVOUS SYSTEM :

- 1. Any history of Epilepsy of any other fits_____ Should be nil

F. BONES AND JOINTS :

- 1. Any injury or accident _____ } present condition should be without
Present condition_____ } any complaint. History of
fracture in previous six month
will not be accepted .
- 2. Any history of Rheumatism_____ . Should be nil
- 3. Condition of toes and feet_____ should be healthy

G. BLOOD EXAMINATION :

- 1. Percentage of Haemoglobin_____ less than 11 gm% in females
Blood Group_____ and 13 gm% in males will not
be accepted

H. URINE EXAMINATION :

- 1. Is sugar or aibumin present ? _____ should be nil
- In my opinion_____ is medically fit / unfit to
Undergone a Mountaineering / Adventure

Date.....

Signature of the Medical Officer
Registration Number and Designation

(TO BE FILLED BY INSTITUTE MEDICAL OFFICER)

I, on the date _____ examined
Shri/ Smt. Kumari _____ and
Found him / her medically fit to undergo BASIC / ADVANCE / ADVENTURE Mountaineering Course.

Medical Officer
The Himalayan Mountaineering Institute,
Darjeeling

Date.....

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- NOTES :**
- 1. Medical Examination should be done by a doctor and if any criteria, as given in the medical Certificate form is not met, the person will be declared medically unfit.
 - 2. Findings of the doctor will be confirmed by the medical officer of this institute. Therefore, it is advised that this examination be taken seriously to avoid any disappointment later on.