

AMARNATH YATRA/ অমরনাথ যাত্রা/ अमरनाथ यात्रा

The deadline for submitting AMARNATH YATRA application is on 20<sup>th</sup> June, 2025.  
Thank you for your cooperation.

অমরনাথ যাত্রা আবেদন জমা দেওয়ার সময়সীমা ২০শে জুন, ২০২৫। আপনার সহযোগিতার জন্য ধন্যবাদ।

अमरनाथ यात्रा आवेदन जमा करने की अंतिम तिथि २० जून, २० २५ है। आपके सहयोग के लिए धन्यवाद।



# IMPORTANT NOTICE

- Any applicant, who is within the age limit of 13 to 70 years old, can apply for the Holy Amarnath Yatra 2025.
- Female candidate with a pregnancy of 6 weeks or more can not apply.
- All the doctors of NRS Medical College & Hospital shall appropriately evaluate health condition of the applicant considering high altitude of Yatra tracks, likely fall in temperatures during inclement weather, low level of oxygen in Yatra area, steep ascent at high altitude.

➔ The candidates must visit the following OPDs at NRSMC&H only:

1. Orthopaedics
2. Chest Medicine
3. General Medicine
4. Neuro Medicine
5. Gynecology (Only for Female Candidates)



Contact No. of ZONAL MEDICAL BOARD, NRSMC&H, Kol-14:

**033-2286-0103 (Extension No. 2020)**

◆ After completion of OPD procedures, candidates are requested to appear on the scheduled date before the Zonal Medical Board at NRS Medical College & Hospital for the final medical fitness certificate.

◆ ওপিডি প্রক্রিয়া শেষ হওয়ার পরে, প্রার্থীদের চূড়ান্ত মেডিকেল ফিটনেস শংসাপত্রের জন্য এনআরএস মেডিকেল কলেজ ও হাসপাতালের জোনাল মেডিকেল বোর্ডের সামনে নির্ধারিত তারিখে উপস্থিত হওয়ার জন্য অনুরোধ করা হচ্ছে।

◆ ओपीडी प्रक्रियाओं के पूरा होने के बाद, उम्मीदवारों से अनुरोध है कि वे अंतिम चिकित्सा फिटनेस प्रमाण पत्र के लिए एनआरएस मेडिकल कॉलेज और अस्पताल में जोनल मेडिकल बोर्ड के समक्ष निर्धारित तिथि पर उपस्थित हों।

- The nominated Doctors shall indicate their 'MCI REGISTRATION NUMBER', 'DESIGNATION', 'HRMS ID' and 'NAME' at the appropriate



places while issuing the CHC(s).

- For Amarnath Yatra 2025, the Medical Board at NRSMC&H is required to issue the CHC not earlier than one week prior to date of commencement of advance registration for Yatra 2025.



The date of advance registration shall be indicated in due course of time on

SASB website:  श्री अमरनाथ जी श्राद्धन बोर्ड  
SHRI AMARNATHJI  
SHRINE BOARD

<https://jksasb.nic.in>

[Online  
Registration  
for Yatra 2025  
Will Resume  
Soon](#)

To,



The Medical Superintendent-cum-Vice Principal  
NRS Medical College & Hospital  
Kolkata-700014

**Subject: Request For Compulsory Health Certificate (CHC) for Holy Amarnath Yatra 2025**

Respected Madam,

I, \_\_\_\_\_  
\_ (name of applicant) Care of/Wife of \_\_\_\_\_

\_\_\_\_\_ am writing to request a Compulsory Health Certificate to fulfill the requirement for the upcoming Holy Amarnath Yatra 2025.

I kindly request your prompt attention to this matter and would appreciate it if you could arrange for the issuance of the certificate at your earliest convenience. I will fully cooperate if any further information or tests are required.

Thank you for your cooperation in this regard.

Sincerely,

Enclosed:

1. AADHAR Card Xerox
2. Compulsory Health Certificate Format

• Name:

• Date:

• Phone no.:

• AADHAAR no.:

• Permanent address:

Vill/City:

Street:

P.O.:

P.S.:

State:

Pin Code:

