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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 / Paragliding / Skiing / Mountain Biking / Sports Climbing /  
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).

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. \_\_\_\_\_

1. Applicant \_\_\_\_\_

Date 2. \_\_\_\_\_

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		
	RBC			Pus Cells		
VACCINE	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