List of proposed Hospitals for Medical Report

List of Medical establishments of the Ministry of Public Health that are recommended for carrying out medical check-up of persons going to India for training

№	Name of regions	Name of medical establishments	Address, contact numbers
1.	**Ferghana region**	1-City Multi-Field Policlinics	2, Kirlola str, Sergeli area, Ferghana city Tel: 8-373-2223614
2.	**Andijan region**	Multi-Field Policlinics of the City Medical Union	39, Mashrab str, Andijan city Tel: 8-374-2267698
3.	**Namangan region**	Regional Centre of Medical Diagnostics	Area Guzal 2-B, Namangan city Tel: 8-369-2373115
4.	**Bukhara region**	City Policlinics "Center of Health"	33, A. Gijduvani str, Bukhara city Tel: 8-365-2230335
5.	**Samarkand region**	Regional Multi-Field Medical Center	70, M.Ulugbek str, Samarkand city Tel: 8-366-2333852
6.	**Jizzakh region**	Central Multi-Field Policlinics	12a, K.Imamova str, Jizzakh city Tel: 8-372-3281694
7.	**Sirdarya region**	Regional Multi-Field Medical Center	3, Ibn-Sino str, Gulistan city Tel: 8-367-2263780
8.	**Tashkent region**	Regional Multi-Field Medical Center	Zangiota district, village Honobod Tel: 2903381
9.	**Navoi region**	Central Multi-Field Policlinics, Navoi city	Area Sputnik, Navoi city Tel:8-436-2264115
10.	**Kashkadarya region**	Central Multi-Field Policlinics, Karshi city	Guzar str, Karshi city Tel: 8-375-1123524
11.	**Surhandarya region**	Regional Multi-Field Medical Center	2t, Achaloshova str, Termez city Tel: 8-376-2236211
12	**Horazm region**	City Medical Union	9, A. German str, Urgench city Tel: 8-362-2241200
13	**Republic of Karakalpakstan**	Central Multi-Field Policlinics of the City Medical Medical Union	4, Proseytov str, Nukus city Tel: 8-361-2290170
14	**Tashkent city**	Commission for Professional Medical Check-up, Central Administration of Ministry of Health	12, Arpapoya str, Tashkent city Tel: 2336567
		ORION MEDICITY	Vasmoyamarta Street-8 Near Cevernein Vokzal Ziloni Bazar, Tashkent Tel 2910303

Note:- **Participants belonging to regions can forward their medical report by Fax : 998 71 140 0999 OR E-mail : itec.tashkent@mea.gov.in**

MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)

(i) Name of Applicant:	
(ii) Age:	
(iii) Sex: (Male / Female)	
(iv) Height (cm):	
(v) Weight (kg):	
(vi) Blood Group:	
(vii)Blood Pressure:	
(viii) Blood Sugar:	(Pre-prandial) (Peak post- prandial)

1. Is the person examined in good health at present ?	
2. Is the person examined physically and mentally fit to carry out intensive training away from home?	
3. Is the person free of infectious diseases (tuberculosis, trachoma, skin diseases etc.)?	
4. Has the person taken Yellow Fever inoculation (in case of people coming from Yellow Fever region or as laid out in WHO Regulations) ? **Yellow Fever Certificate is mandatory.**	
5. Does the person examined have any chronic ailment which may require regular treatment/ medication during the course?	
6. List of any observed abnormalities indicated in the chest X ray.	
7. Does the person require any special assistance to carry out his daily activities? If yes, please specify.	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician:_____

Registration No.:_____

Address of Clinic / Hospital:_____

City / Town : _____

Telephone :_____

E mail: _____

Date: _____

Signature of Doctor/Physician: _____Seal of Clinic/Hospital: _____