



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH BELAGAVI.
JAWAHARLAL NEHRU MEDICAL COLLEGE
BELAGAVI - 590 010, KARNATAKA (INDIA).

E-Mail: principal@jnmc.edu

Phone: 0831- 2471350

FAX No: 91-0831-2470759

Overview of the Health and Wellness Facility – The Evolve Mind and Body Gym

Objective : The main objective of the Gym are to improve health , relieve stress and help build self esteem .

Health of the young students is of paramount importance . The real wealth of the nation is its future generation who are active and healthy. Hence it is one of the primary responsibility of the college to promote among its students awareness about the value of good health and how to maintain it . As a part of this endeavor we have Evolve Mind and Body Gym.

The Evolve Mind And Body gym provides the gym facilities to students of JNMC KAHER University . The ultimate goal of a gym is to make members healthier . The gym offer various services to help students meet their fitness goals . It will add variety to the students routine.

The gym is fully equipped with most modern equipments with wide array of weights , machines, cardio equipments and exercise classes. The gym provides a balance program that includes both aerobic and strength training exercises. Variety helps decrease boredom , which is one of the reasons people quit exercising . Gym are also the place to meet other people who can keep us motivated.

The students can enroll in the gym by filling the membership form. The gym has professional and personal trainers who are trained to design exercise programs to fit individual students need in a fun and safe way , showing proper exercise techniques and help them to get most out of each exercise routine. The trainers helps to safely take the workouts to next level.

It helps the students to maintain good physical health after the regular academic activities. It can act as a stress reliever which can make the students feel better physically and have a brighter emotional outlook.

Expected outcome : Foster healthy development of students so that they can learn , grow and be healthy to make a positive contribution now and in the future.

Principal,

J. N. Medical College, Belgaum

MEDICAL CLEARENCE FORM



PERSONAL INFORMATION



Name: Eshan Singh 28
Age: 22 Sex: M. Mobile: 9955815106

Address: Room NO 134 chankya boys Hostel JNTU campus Nellore
nagar Belgauru

Reg No: R-29/2022 Programme: 1yr General Expiry: 22/03/23

Exercise: Yes/No

History: Previous Workout: Six Months | 1 Year | 2 Year

Last Month/Year of Workout: — | —

Occupation: Student (MBBS)

Physical Activities: Sedentary -
Moderate -
Heavy -

Goal — wt loss, lean muscle
Mass gain

Habits: Smoking -
Alcohol -
Tobacco -

Fitness Expert _____
Counsellor-Sign _____

Member's Sign Eshan Singh

Physician's Consent: _____ has my approval to exercise with considerations stated above.

Physician's Name: _____ Contact No.: _____

Physician's Sign: _____ Date: _____

MEDICAL HISTORY

Blood Pressure : _____
 Diabetes : _____
 Hormonal Problem : _____
 Surgery : _____
 Medication : _____
 Cardiac : _____

No

Fitness Composition & Test

1. Flexibility Test : Forward Bending : Positive RT Cuff Flexibility : R + L +
 Seat & Reach : _____ Plank : 1:06 sec.

2. Muscular Strength

	Wt	Rep	1Rm
A. Chest Press :	<u>10kg</u>	<u>6Rep</u>	
B. Rowing :	<u>41kg</u>	<u>3Rep</u>	
C. Leg Press :	<u>60kg</u>	<u>10Rep</u>	

3. Muscular Endurance

A. 1 Min. Squat : 33Rep Squat quality is 'OK'
 B. 1 Min. Push Up : 15Rep Normal Push ups.

4. Cardio Endurance

A. 1 Min. Step Test : STEPS
 B. 1.6 Min Walk Test : EHR. TIME
 C. 12 Min. Run Test : EHR. TIME

MEDICAL CLEARANCE FORM



Date : _____ Membership No. : _____
 Name of the gym : _____ Location : _____ City : _____
 Name of member : _____ First Middle Last
 Contact No. : _____ Mobile No. : _____
 Dear Dr. : _____

Your Patient _____ wishes to start an exercise program at our gym. The activity will involve the following - type, frequency duration and intensity of activities

TYPE	FREQUENCY	DURATION	INTENSITY

Please identify any recommended or restrictios that are appropriate for your patient in this exercise program -

If your patient is taking medication that will affect his or her heart rate response to exercise please indicate the manner of the effect - raises, lowers or has no effect on the heart rate response.

TYPE OF MEDICATION	EFFECT

Thank you,
 Sincerely,
 _____ (Name - Fitness Consultant) _____ (Sign - Fitness Consultant)

Physician's Consent : _____ has my approval to exercise with considerations stated above.

Physician's Name : _____ Contact No. : _____
 Physician's Sign : _____ Date : _____

DISCLAIMER



1. The member understands and acknowledges that Health Club does not diagnose, examine or treat any medical condition, including infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to the health or safety of the member or other and agrees he/she will use the facilities in accordance with all applicable public health requirements. The member should consult with his/her physician to determine if any of these medical conditions exist and, if so, whether such condition poses a direct threat to the health or safety of the member or others Health Club reserves the right, to take the final decision

2. The member should consult with his/her physician before using the Health Club services and facilities in all events including a history of Heart Disease. The member also understands and acknowledges that weight training and related exercises are inherently dangerous and participants and other individuals are under constant risk. In member is fully aware of the potential dangers of the exercise and their instructions (such as weight lifting, body building, aerobic dancing and any other exercise). In consideration of permitting the member to join this Health Club or to participate in exercise activity and/or instruction at these premises (including the entire indoor area and outdoor parking area), the member agrees to voluntarily assume all liability and to identify the Health Club for any death, injury or damage suffered by any person, including the member, arising out of the member's activities at the Health Club expect when death, injury, or damage is caused by the Health Club's own passive or active negligence.

3. **THE MEMBER REPRESENTS THAT THE MEMBER IS IN GOOD PHYSICAL CONDITION AND HAS NO MEDICAL REASON, IMPAIRMENT OR DISABILITY THAT MIGHT PREVENT THE MEMBER FROM USING ALL HEALTH CLUB FACILITIES.** The member acknowledges that the Health Club did not and cannot give the member any medical advice before and after joining which might be related to his/her physical condition or his/her ability to use the Health Club facilities. If the member has any health concern now or after joining, he/she should discuss them with his/her physician before using the Health Club's facilities. If the member signs this agreement with the knowledge that he/she has any problem that might prevent him/her from using all of the Health Club's facilities, then the member agrees that his/her membership is limited accordingly, however, because it is member's choice, he/she must still pay the member's dues and fees as if he/she could use all of the facilities.

4. The member agrees that if he/she engages in any exercise or uses any facilities on the Health Club's premise, he/she does so own risk. This includes without limitation, his/her use of the equipment, locker room, showers, pool steam room, parking area or sidewalk and his/her participation in any activity, class, program personal training or instruction now or in the future made available. The member agrees that he/she is voluntarily participating in these activities and using the equipment and facilities and assuming all risk of injury or the member participating in these activities and using the equipment and facilities and all risk of injury or the member contraction of any illness or medical condition that might result there from or any damage, loss or any personal property. The member agrees on behalf of himself/herself (and his/her personal representatives, heirs, executors, spouse, administrators, agents and assignees or others) to release and discharge Health Club and the affiliates, employees, agents, representatives, successors and assignees of the Health Club) from any and all claims or cause of action arising out of their negligence. This waiver and release of all liability includes without limitation, injuries which may occur as a result of (a) his/her use of any facility (b) his/her use of any equipment which malfunction or break (c) Health Club's instruction or supervision (d) Health Club's or retention of any employee (e) his/her slipping and falling while in club or in surrounding premises or (f) first aid, emergency treatment or any other services which are rendered by released parties, emergency personnel or good samaritans.

The member acknowledges that he/she has carefully read this waiver and release and fully understands that it is a release of all liability. In addition, the member does hereby waive any right that the member may have, by or on behalf of the member's, the member's spouse or any child (minor or otherwise), to assert a claim for injury or loss of any kind against Health Club for negligence or arising out of or relating to participation by the member's the member's spouse or child in any of the activities, or use of the equipment, facilities or services or damage to or loss of the member's personal property.

he member understand and acknowledges that he/she has read and understands the entire agreement and the Health club rules and regulations and is fully aware of the legal consequences of signing this agreement. This agreement supersedes any and all previous agreement. This agreement and all the terms and conditions contained herein apply to the member, his or her heirs, executor, administrators, assignees, and the Health Club, its shareholders, directors, officers and employees

Member's Sign.

Esham Singh

MEASUREMENTS



Sr. No.	Particulars		01/6/22	05/8/22	12/12/22
1	Weight	60.8	60.0	59.3	
2	Height		164.0		57.3
3	Blood Pressure				
4	Heart Rate				
5	Neck		13.5	13.0	
6	Shoulder		14.0	13.5	13.2
7	Chest		35.8	34.5	41.
8	Arms		10.8	10.6	36.
9	Forearms		8.6	8.5	11.1
10	U. Abs		—	29.5	09.
11	Waist		32.5	30.0	—
12	L. Abs		—	30.5	32.
13	Hips		35.6	33.2	—
14	Thighs		20.2	17.5	34.
15	Calf		12.8	12.4	17.1
16	BMI**	23.8	22.3		12.
17	FAT %	19.4			
18	WHR*	0.81	0.74		
19	FFM	45.8			

Signature: _____

Expert's Sign _____

Member's Sign _____

DISCLAIMER



FITNESS PROGRESSION

Date	01/06/22	05/8/22	12/12/22			
Fat%						
Forward Bend	positive	positive				
Rt Cuff Exercise	(R+) (L+)	R(+6) / R(+4)				
Seat & Reach						
M. Strength						
Chest Press V	70kg / 06 Reps	10kg / 18 Reps	20kg / 10 Reps			
Row	50kg / 13 Reps	60kg / 8 Reps	50kg / 10 Reps			
Leg Press	100kg / 15 Reps	147kg / 10 Reps	100kg / 10 Reps			
M. Endurance plank	2.54 (min)	2.19 (min)				
1 Min Squat	55 (Reps)	59 Reps / Min	68 Reps			
1 Min Push up	19 Reps / modified	12 Reps / Min	31 Reps			
Cardio						
1 Min Step	52 Reps / EHR - 162					
1.6 Km Walk						
12 Min Run	130 HR 7.0 Spd		130 EHR 10. Spd			

Date: _____

Member's Sign. Eshan Singhal



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List of JNMC students who have enrolled in LET'S EVOLVE GYM for the year 2023

S.no	Name of the student	Course
1	Varisth	MBBS
2	Vishwanath	MBBS
3	Akhila	MBBS
4	Vaishali	MBBS
5	Bhakti H	MBBS
6	Vijaya Nadukeri	MBBS
7	Vignatha Reddy	MBBS
8	Divyanshi	MBBS
9	Shruti B	MBBS
10	Bhargav	MBBS
11	Jinay Mehta	MBBS
12	Siddharth Munot	MBBS
13	Vaishnavi	MBBS
14	Mahantesh Vakkund	MBBS
15	Arun Kumar	MBBS
16	K. Sruthi	MBBS
17	Akshat Pandey	MBBS
18	Vijay Anand	MBBS
19	Pratibha Gupta	MBBS
20	Abhishek	MBBS
21	Swikrity	MBBS
22	Reshma	MBBS
23	Divya Choudhary	MBBS
24	Gaurav	MBBS
25	Chakori Kammar	MBBS
26	Cloy	MBBS
27	Arushi	MBBS

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28	Ritwik	MBBS
29	Vanishri	MBBS
30	Ram Reddy	MBBS
31	Pradnya R	MBBS
32	Atharva Botre	MBBS
33	Dr.Parth	MBBS
34	Arjun	MBBS
35	Rahul B	MBBS
36	Varsha	MBBS
37	Yash Navangul	MBBS
38	Pritika Parab	MBBS
39	Sanjeevini	MBBS
40	Sohini	MBBS
41	V. Anuhya	MBBS
42	Rohan	MBBS
43	Rushik	MBBS
44	Bianca	MBBS
45	Hitesh G	MBBS
45	Shivansh	MBBS
47	Ansh	MBBS
48	Puranjai	MBBS
49	Varun	MBBS
50	Prabanshu	MBBS
51	Somesh Kumar	MBBS
52	Jay Asawa	MBBS
53	Devansh	MBBS
54	Kartik Sehrawat	MBBS
55	Devashri	MBBS
56	Aditya	MBBS
57	Kshitiz	MBBS
58	Ved Mulay	MBBS
59	Gandhar K	MBBS

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60	Abeer	MBBS
61	Yash Sharma	MBBS
62	Aditya Tiwari	MBBS
63	Anurag B	MBBS
64	Krish	MBBS
65	Barclay	MBBS
66	Rakesh	MBBS
67	Shri Ram	MBBS
68	Yashaswi	MBBS
69	Arshya Ranjan	MBBS
70	Vinit Singh	MBBS
71	Basavraj M	MBBS
72	Sharath	MBBS
73	Pratyush	MBBS
74	Beverly	MBBS
75	Frannie	MBBS
76	Astha	MBBS
77	Vinayak	MBBS
78	Stuti S	MBBS
79	Akash Chopra	MBBS
80	Sharada	MBBS
81	Nidhi	MBBS
82	Aniruddha	MBBS
83	Shreya Shree Biswal	MBBS
84	Prajwal	MBBS
85	Pratham	MBBS
86	Khushi Soni	MBBS
87	Aryaman	MBBS
88	Nishant	MBBS
89	Rohan Lalwani	MBBS
90	Aakash Kishore	MBBS
91	Sarthak Nayak	MBBS

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92	Chinmay Kajagar	MBBS
93	Vedanth Reddy	MBBS
94	Vikram	MBBS
95	Rushiv	MBBS
96	Omkar Mungase	MBBS
97	Kimberly D	MBBS
98	Preet Kothari	MBBS
99	Dhanaraj Mane	MBBS
100	Jaydeep	MBBS
101	Nishtha	MBBS
102	Mallikarjun N	MBBS
103	Krish Agarwal	MBBS
104	Arpit D	MBBS
105	Varun Biradar	MBBS
106	Aniruddha	MBBS
107	Dev	MBBS
108	Akanksha Seth	MBBS
109	Mallika	MBBS
110	Shourya	MBBS
111	Aayush Garg	MBBS
112	Amritansh	MBBS
113	Aakash Deepsingh	MBBS
114	Arjun Ravi	MBBS
115	Devansh K	MBBS
116	Nagarjun K	MBBS
117	Pawan Kumar	MBBS
118	Vinay R S	MBBS
119	Shamik D	MBBS
120	Shivanand Reddy	MBBS
121	Ishaan	MBBS
122	Divyashri	MBBS
123	Komal K	MBBS

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124	Kshitij Singh	MBBS
125	Aman D	MBBS
126	Dhruv	MBBS
127	Suha	MBBS
128	Shubham	MBBS
129	Chidambara Krishnan	MBBS
130	Aditi Jain	MBBS
131	Nishi	MBBS
132	Aryaman K	MBBS
133	Lavanya	MBBS
134	Danish Maldar	MBBS
135	Shweta	MBBS
136	Anish	MBBS
137	Sujal Shinde	MBBS
138	Omkar Kerkar	MBBS
139	Harshit	MBBS
140	Rishika	MBBS
141	Eshaant Patil	MBBS
142	Vaishnavi Kore	MBBS
143	Gokul Krishna	MBBS
144	Sujeet Sah	MBBS
145	Arnav Chandak	MBBS
146	Zachary	MBBS
147	Riddhi	MBBS
148	Sanjivini Patil	MBBS
149	Aryan S	MBBS
150	Shashwata	MBBS
151	Navjyoti Charan	MBBS
152	Bhargav Sunder	MBBS
153	Shresht	MBBS
154	Arnav Jain	MBBS
155	Ketaki	MBBS

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156	Sanchit	MBBS
157	Purab	MBBS
158	Rachit	MBBS
159	Aryan Rana	MBBS
160	Prence	MBBS
161	Siddharth K	MBBS
162	Aditya Bhushan	MBBS
163	Sathwik Shivanand	MBBS
164	Aastha	MBBS
165	Anshdeep	MBBS
166	Anjana Pujar	MBBS
167	Sanjay P	MBBS
168	Harsh Bulbule	MBBS
169	Vishal K	MBBS
170	Kienshuk	MBBS
171	Sushanth Kadu	MBBS
172	Yana	MBBS
173	Samiksha	MBBS
174	Shivam Sharma	MBBS
175	Shreya	MBBS
176	Shirley	MBBS
177	Rahul Nair	MBBS
178	Diogo Costa	MBBS
179	Gitanshi Arora	MBBS
180	E Vinayak	MBBS
181	K Pratyusha	MBBS
182	Shubh	MBBS
183	Veetesh B	MBBS
184	Pritvi Raj	MBBS
185	Kamal Patil	MBBS
186	Anusara	MBBS
187	Yuvraj Yadav	MBBS
188	Dr Nikhil	MBBS

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189	Aarya Patil	MBBS
190	Sejal	MBBS
191	Lipi	MBBS
192	Vaishnavi	MBBS
193	Ramya Pachapur	MBBS
194	Shriya	MBBS
195	Sahiti	MBBS
196	Sneha	MBBS
197	Hira	MBBS



Principal

J N Medical College , Belagavi