

Shri Amarnathji Yatra

YATRA PERMIT

APPLICATION FORM (Please fill in block letters)

Applicant's
photograph
which should
be signed
across this
photograph

FULL NAME: _____

GENDER (Tick as applicable): Male Female Age*: ___ Yrs; Blood Group: _____

NAME OF SPOUSE / FATHER: _____

ADDRESS: _____

STATE: _____ PIN _____

E-Mail (if any): _____

CONTACT / PHONE NO

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 MOBILE +91

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Telephone with STD Code / Mobile number of the person to be contacted in case of any emergency

To
The Chief Executive Officer,
Shri Amarnathji Shrine Board,
Jammu / Srinagar.



Sir,

1. I may please be issued a Permit for embarking on Shri Amarnathji Yatra. I shall start the Yatra from the _____ [Baltal / Chandanwari**] route on _____ / _____ 2016.
2. I certify that I have been declared physically fit by the Authorised Doctor / Medical Institute to undertake the journey to the Shri Amarnathji Holy Cave during July-August 2016. The prescribed Medical Certificate is attached.
3. I _____, son / daughter / wife of _____, nominate Shri / Smt. _____; age _____; relationship: _____ to be paid the Insurance proceeds*** upon payment of the Insurance claim in case of my death due to accident.
4. I solemnly undertake to abide by the Dos & Don'ts / other directions issued by the Shrine Board / District Administration.

Full Signature of Applicant

* No one below the age of 13 years, or above the age of 75 years, and no lady with more than six weeks pregnancy will be registered for the Yatra.

Please fill whichever is applicable.

*** A duly registered Yatri with a valid Yatra Permit issued by the Shri Amarnathji Shrine Board, duly endorsed by the issuing Institution, will be entitled to an Insurance cover of One Lac Rupee from the Insurance Company in the event of his/her death due to any accident inside the State of J&K while undertaking the Shri Amarnathji Yatra. The sum assured will be paid through the Shrine Board after the nominee of the deceased Yatri completes the due formalities.

For Office Use

Business Unit _____ **Branch**

Bank Yatra Registration Slip No. _____ Date _____ Route _____ issued

Seal and Signature of
Registration Officer

Initials of Official