Shri Amarnathji Yatra
YATRA PERMIT
APPLICATION FORM
(Please fill in block letters)

FULL NAME:		
GENDER (TickB as applicable): 0 Male OFer	nale; Age*'Yrs; Blood Group:	
NAME OF SPOUSE / FATHER:		
ADDRESS:		
STATE:	PIN	
E-Mail (if any):	no bailtean ann an taona ann an t	
CONTACT / PHONE NO	MOBILE +91	
Telephone with STD Code / Mobile number of t	he person to be contacted in case of an	nyemergency
To The Chief Executive Officer, Shri Amarnathji Shrine Board, Jammu / Srinagar.		and the share
Sir,		"mu and Kash
1. I may please be issued a Permit for start the Yatra from the on2020.	[Baltal / Chanda	
2 L certify that I have been declared r	abysically fit by the Authorized Dec	tor / Modical

- 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 June-August 2019. 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		Busines	s Unit	_Branch
Bank Yatra Registration	Slip No	_Date	_Route	issued