

Shri Amarnathji Yatra 2013

Application Form

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. MOBILE +91 Telephone with STD Code / Mobile number of a relative, to be contacted in case of emergency
_____.To,
The Chief Executive Officer,
Shri Amarnathji Shrine Board
Jammu / Srinagar

Sir,

1. I may please be issued a Yatra Permit for Darshan at the Holy Cave of Shri Amarnathji, I propose to start the Yatra from the _____ (Baltal / Chandanwari**) Entry Barrier on ___/___/2013 and perform Darshan at the Holy Cave on ___/___/2013.
2. I certify that I have been declared fit by the Authorised Doctor / Medical Institute to undertake the journey to the Shri Amarnathji Holy Cave during June-August 2013. The prescribed Medical Certificate in this regard is enclosed herewith.
3. I _____, son/daughter/wife of _____, nominate Mr/Ms _____, age _____, relationship _____ to be paid the insurance proceeds upon payment of the insurance claim in case of my death due to accident, covered under the applicable insurance policy.***
4. I solemnly undertake to abide by the Do's & Don'ts /other directions issued by the SASB / concerned 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 Bank, will be entitled to an Insurance cover of One Lac Rupee payable from a selected Insurance Company in the event of his/her death due to an accident inside the State of J&K while undertaking the Shri Amarnathji Yatra. The sum assured will be paid through the SASB after the next-of-kin of the deceased Yatri complete due formalities.

For Bank Use**Business Unit** _____ **Branch**

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

Seal and Signature of
Registration Officer_____
Initials of Official