# Shri Amarnathji Yatra 2012

## Application Form (Form A)

Please affix recent passport size photograph here

FULL NAME: _____

GENDER (Tick ☑ as applicable): ☐ Male ☐ Female; Age: ___Yrs; Blood Group: _____

NAME OF SPOUSE / FATHER: _____

ADDRESS: _____

STATE: _____ PIN _____

E-Mail (if any): _____

UID No (if any) : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CONTACT / PHONE NO ☐☐☐☐☐ ☐☐☐☐☐☐☐☐

MOBILE +91 ☐☐☐☐☐☐☐☐☐☐

Name and Telephone (with STD Code) or Mobile number of the relative to be contacted in case of any emergency:

Name: _____ Telephone: _____ Mobile: _____

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

Sir,

1. I request that a Yatra Permit for Darshan at the Holy Cave of Shri Amarnathji be issued to me. I propose to start the Yatra from the _____ (Baltal / Chandanwari*) Entry Barrier on ____/___/2012 and perform Darshan at the Holy Cave on ____/____/2012.

2. A Compulsory Health Certificate, in prescribed format, issued by the Registered Medical Practitioner (RMP) with following particulars, is enclosed:
   i. Name of RMP_____
   ii. MCI Reg. No._____
   iii. Date of issue _____

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, as covered under the Yatri Insurance policy.**

4. I solemnly undertake to abide by the Do's & Don'ts and advisories issued by Shri Amarnathji Shrine Board.

_____
**Full Signature of Applicant / Thumb Impression of the Applicant**

* 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 M/s. New India Assurance Co. Ltd 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 SASB after the nominee of the deceased Yatri completes the due formalities.

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**For Use by Bank**

Yatra Registration Slip No._____ Date _____ Route _____issued.

_____
Seal and Signature of Registration Officer

_____
Initials of Official