

Shri Amarnathji Yatra 2020

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; ; Blood Group: _____

Age*: _____ Yrs. (No one below the age of 13 years, or above the age of 75 years will be registered for the Yatra).

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 _____ / _____ 2020.
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 2020. 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 Three Lakh Rupees from the Insurance Company in the event of her/ his 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



COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2020

Please paste
one recent
passport size
photograph
here

PART A: (TO BE FILLED BY APPLICANT)

1. Name _____ S/o;D/o; W/o, _____
Address _____

2. Date of Birth _____ Identification mark: _____ Blood Group: _____

3. DECLARATION: Have you suffered from or have history of any of the following:

- | | | | |
|------------------------------|--|------------------------------------|--|
| a) Breathlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No | b) Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Respiratory/ lung ailment | <input type="checkbox"/> Yes <input type="checkbox"/> No | d) High Blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | f) Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Bleeding tendencies | <input type="checkbox"/> Yes <input type="checkbox"/> No | h) Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Heart ailment | <input type="checkbox"/> Yes <input type="checkbox"/> No | j) Nervous breakdown | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Joint Pains | <input type="checkbox"/> Yes <input type="checkbox"/> No | l) High altitude/mountain sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Discharge from ear | <input type="checkbox"/> Yes <input type="checkbox"/> No | n) History of stroke/ paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) Are you a smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No | p) Are you pregnant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- (applicable to female Yatris)

q) History of Heart Attack; if yes, please specify _____

r) History of sudden death in family members; if yes, please specify _____

s) Any major injury in the past; if yes, please specify _____

t) Any other ailment; if yes, please specify _____

u) History of surgery; if yes, please specify _____

v) Are you under any medication; if yes, please specify _____

w) Are you allergic to drugs, foods and chemicals; if yes, please specify _____

4. I hereby declare that the particulars given above are true to the best of my knowledge and belief, and nothing has been concealed.

Date _____

Signature/ thumb impression of the Applicant)

PART B: (TO BE FILLED BY AUTHORISED MEDICAL AUTHORITY)

On the basis of information furnished by the applicant, detailed examination and the necessary investigations, it is certified that Mr/Ms/Mrs _____ is fit to undertake the journey to the Shri Amarnathji Holy Cave Shrine.

Details of any specific test conducted before issuing the certificate: _____

Name of the Doctor _____

Designation: _____

Date of issue: _____

Signature and seal of Authorized Medical Authority
MCI/ State Medical Council Registration No: _____