

Shri Amarnathji Yatra 2010

Form - A Application Form

Plz affix
recent
PP Size
Photograph

FULL NAME _____

GENDER (Tick as applicable): Male Female Age _____ Years. Blood Group _____

NAME OF SPOUSE / FATHER _____

ADDRESS _____

STATE _____ PIN _____

EMAIL (if any) _____

CONTACT / PHONE NO

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 MOBILE +91

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Telephone with STD Code / Mobile number of relative in case of emergency _____

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



Sir,

- 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...../...../2010 and perform Darshan at the Holy Cave on/...../2010.
- I certify that I am not suffering from any Cardiac / Respiratory ailments. I am physically and mentally fit to undertake the journey to the Shri Amarnathji Holy Cave during July-August 2010. I am fully aware that the Shri Amarnathji Yatra involves an arduous trek in the mountains leading to a climb upto an altitude of 14000 ft. above mean sea level.
- I,....., son/daughter/wife of, nominate Mr./Mrs....., 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**.

* Please fill whichever is applicable.

** A duly registered Yatri with a valid Yatra Permit issued by the Amarnathji Shrine Board, duly endorsed by the J&K Bank, will be entitled to an Insurance cover of Rupees one lac from M/s New India Assurance Co. Ltd. in the event of her/his death due to an accident inside the State of J&K while undertaking the Shri Amarnathji Yatra. The sum assured will be paid through SASB after completion of necessary formalities

Applicant's Signature



For Bank Use

Business Unit _____

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

Seal & Signature of
Registration Officer

Initial of Official