Shri Amarnathji Yatra 2015 YATRA PERMIT APPLICATION FORM (Please fill in block letters)

Applicant's photograph which should be signed across this photograph.

FULL NAME:		photograph.	
GENDER (Ti	ck ⊠ as applicable): □ Male □ Female; Age*:Yrs; Blood Group:		
NAME OF SE	POUSE / FATHER:		
ADDRESS: _			
STATE:	PIN		
E-Mail (if any):SAMP_SA		
CONTACT /			
 To	ith STD Code / Mobile number of the person to be contacted in case of any er	nergency	
	ecutive Officer, hji Shrine Board, agar.		
Sir,		"himu and Kasth	
	y please be issued a Permit for embarking on Shri Amarnathji Yatr the Yatra from the [Baltal / Chandanwari 2015.		
Instit	tify that I have been declared physically fit by the Authorised Doctor , tute to undertake the journey to the Shri Amarnathji Holy Cave dur ust 2015. The prescribed Medical Certificate is attached.		
Shri	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.		
	emnly undertake to abide by the Dos & Don'ts / other directions issuence Board / District Administration.	ed by the	
	Full Signature of A	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 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	ss Unit	_Branch
Bank Yatra Registration Slip No	Date	Route	issued

^{*} 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.