Shri Amarnathji Yatra 2024



YATRA PERMIT APPLICATION FORM (Please fill in block letters)

Applicant's photograph which should be signed across this photograph

Full N	ame:				photo
Name	e of Spouse / Father:				
Gend	er (Tick as Applicable) Male	e Female Blo	ood Group:		
	Oob:				
	lo lady with more than 6 weeks pre				
Addre	ess:				
Aadha	aar:	Email (if	any):		
	OCT / PHONE NO	number of the person	MOBILE +91	case of any em	ergency
То					
Shri A	hief Executive Officer, marnathji Shrine Board, u / Srinagar.				
Sir,					
1.	I may please be issued a Perstart the Yatra from theon/	mit for embarking on	Shri Amarnathji [Baltal / Chal	Yatra. I shal ndanwari**] rout	l e
2.	I certify that I have been do Institute to undertake the jo August 2024. The prescribed	ourney to the Shri A	Amarnathji Holy Ca		
3.	Ι ,	son / daughter / wife	of	, nominat	е
	Shri / Smt. to be paid the I		; age	; relationship:	
	to be paid the I claim in case of my death du		* upon payment of	the Insurance	
4.	I solemnly undertake to abide Shrine Board / District Admir	-	s / other directions i	ssued by the	
			Full Sigr	nature of Appli	<u>ca</u> nt
pregnar Please fil *** A duly Institution death due	e below the age of 13 years, or a ncy will be registered for the Yate whichever is applicable. registered Yatri with a valid Yatra Perman, will be entitled to an insurance cover se to any accident inside the State of J&I he Shrine Board after the nominee of the	ra. nit issued by the Shri Amarn of Five Lakh Rupees from th K while undertaking the Shri	athji Shrine Board, duly e e Insurance Company in t Amarnathji Yatra. The su	ndorsed by the issuir the event of her/ his	ng
For Office Use		Ві	Business Unit		
Bank Y	′atra Registration Slip No	Date	Route	issue	ed

Seal and Signature of Registration Officer

Initials of Official



COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2024

Paste recent

Name: S/O, D/O, W/O: Address:						passport size photograph here	
Date of I	Birth: <u>/</u> /Aadhaar No.:		1	1	Blood Group:		
Identifica	ation Mark:						
	nit: Yatri: Should not be less than 13 Years or more that lady with more than 6 weeks pregnancy will			e Yatra 20	024		
DECLAR	ATION: Have you suffered from or have his	story of a	any of the	following	j:		
S. No	Condition	Yes	No	S. No	Condition	Yes	
A)	Breathlessness	and it	· Imm	В)	Diabetes		П
C)	Respiratory/Lung ailment	Jr. Jr.		D)	High Blood Pressure		
E)	Blood disorder			F)	Asthma		
G)	Bleeding tendencies			H)	Epilepsy		
I)	Heart ailment	, 10 m		J)	Nervous breakdown		
K)	Joint Pains			L)	High altitude/mountain Sickness		
M)	Discharge from ear			N)	History of stroke/ paralysis		
O)	Are you a smoker			P)	Are you pregnant (Applicable to femal Yatris)	le	
	Any major injury in the past, if yes please specify Any other ailment, if yes please specify History of surgery, if yes please specify Are you under any medication, if yes please Are you allergic to drugs, foods and chemic declare that the particulars given above a	e specify_	s please sp	ecify_ of my kr	nowledge and belief, and nothing has b		led
On the ba	es: (TO BE FILLED BY AUTHORISED In asis of information furnished by the applicant, from any specific test conducted before issuing	detailed	examinatio	on and the	e necessary investigations, it is certified the lack the journey to the Shri Amarnathji Hol	ly Cave Shrin	
Name of	the Doctor:			Claus-4	vo and appl of Authority - 1 March - 1 A	ith orter	
	tion:				re and seal of Authorized Medical Au		
Date of i	ssue:			MCI/ St	ate Medical Council Registration No	o:	