

# Shri Amarnathji Yatra 2011

Form A

## Application Form

Plz affix  
recent PP  
Size  
Photograph

FULL NAME: \_\_\_\_\_

GENDER (Tick  as applicable):  Male  Female; Age: \_\_\_ Yrs; Blood Group: \_\_\_\_\_

NAME OF SPOUSE / FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ PIN \_\_\_\_\_

E-Mail (if any): \_\_\_\_\_

CONTACT / PHONE NO.           MOBILE +91

Telephone with STD Code / Mobile number of a close relative who may 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 Yatra Permit for Darshan at the Holy Cave of Shri Amarnathji. I propose to commence the Yatra on \_\_\_\_\_ from Baltal / Chandanwari\* Entry Barrier on \_\_\_/\_\_\_/2011 and perform Darshan at the Holy Cave on \_\_\_/\_\_\_/2011.
2. I certify that (i) I am not suffering from any Cardiac / Respiratory ailment; (ii) I am physically and mentally fit to undertake the journey to the Shri Amarnathji Holy Cave during June-August 2011; (iii) I am fully aware that the Shri Amarnathji Yatra involves an arduous trek in the high mountain ranges involving a climb upto an altitude of 14000 ft. above mean sea level.
3. I, \_\_\_\_\_, son/daughter/wife of \_\_\_\_\_, nominate Mr/Ms \_\_\_\_\_, age \_\_\_\_\_, who is my \_\_\_\_\_ (relationship) to be paid the insurance proceeds upon payment of the insurance claim in case of my death due to accident, as per the applicable Insurance cover provided by the Shrine Board.\*\*
4. I solemnly undertake to abide by the Do's & Don'ts for the Shri Amarnathji Yatra, as laid down by the SASB and printed on the reverse of the Yatra Permit.

\_\_\_\_\_  
**Full Signature of Applicant**  
Date: \_\_\_\_\_

\* Please tick , as applicable.

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

**For Bank Use**

**Business Unit** \_\_\_\_\_

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

\_\_\_\_\_  
Seal and Signature of  
Registration Officer

\_\_\_\_\_  
Initials of Official