

**Shri Amarnathji Yatra 2012****Application Form (Form A)**

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

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

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

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

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

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

UID No (if any) : \_\_\_\_\_

CONTACT / PHONE NO \_\_\_\_\_

MOBILE +91 \_\_\_\_\_

Name and Telephone (with STD Code) or Mobile number of the relative to be contacted in case of any emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

To,  
The Chief Executive Officer,  
Shri Amarnathji Shrine Board  
Jammu / SrinagarPlease affix  
recent  
passport size  
photograph  
here

Sir,

- I request that a Yatra Permit for Darshan at the Holy Cave of Shri Amarnathji be issued to me. I propose to start the Yatra from the \_\_\_\_\_ (Baltal / Chandanwari\*) Entry Barrier on \_\_\_\_/\_\_\_\_/2012 and perform Darshan at the Holy Cave on \_\_\_\_/\_\_\_\_/2012.
- A Compulsory Health Certificate, in prescribed format, issued by the Registered Medical Practitioner (RMP) with following particulars, is enclosed:
  - Name of RMP \_\_\_\_\_
  - MCI Reg. No. \_\_\_\_\_
  - Date of issue \_\_\_\_\_
- I \_\_\_\_\_, son/daughter/wife of \_\_\_\_\_, nominate Mr/Ms \_\_\_\_\_, age \_\_\_\_\_, relationship \_\_\_\_\_ to be paid the Insurance proceeds (upon payment of the Insurance claim) in case of my death due to accident, as covered under the Yatri Insurance policy.\*\*
- I solemnly undertake to abide by the Do's & Don'ts and advisories issued by Shri Amarnathji Shrine Board.

Full Signature of Applicant /  
Thumb Impression of the 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 M/s. New India Assurance Co. Ltd in the event of his/her death due to any accident inside the State of J&amp;K while undertaking the Shri Amarnathji Yatra. The sum assured will be paid through the SASB after the nominee of the deceased Yatri completes the due formalities.

**For Use by Bank**

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

Seal and Signature of  
Registration Officer

Initials of Official