## Shri Amarnathji Yatra 2019

## YATRA PERMIT APPLICATION FORM (Please fill in block letters)

Applicant's photograph which should be signed across this photograph

FULL NAME:			priotograpii			
GENDER (Tick ☐ as applicable): Male ☐ F	 emale;	oup:				
_Age*:Yrs. (No one below the age of 13 years, or above the age of 75 years will be registered for the Yatra).						
NAME OF SPOUSE / FATHER:						
ADDRESS:						
STATE:						
E-Mail (if any):			_			
CONTACT / PHONE NO		MOBILE +91				
Telephone with STD Code / Mobile number of	of the person to be co	intacted in case of any e	mergency			
		,	<i>(</i>			
To The Chief Executive Officer, Shri Amarnathji Shrine Board, Jammu / Srinagar.			The state of the s			
Sir,		N . A	and Kase			
I may please be issued a Permit start the Yatra from the	for embarking on S  19.	ihri Amarnathji Yatra _ [Baltal / Chandanwa	. I shall ari**] route			
<ol> <li>I certify that I have been declared physically fit by the Authorised Doctor / Medical Institute to undertake the journey to the Shri Amarnathji Holy Cave during July- August 2019. The prescribed Medical Certificate is attached.</li> </ol>						
Shri / Smtto be paid the Insur	, son / daughter / wife of, nominate hri / Smt; age; relationship:to be paid the Insurance proceeds*** upon payment of the Insurance aim in case of my death due to accident.					
<ol> <li>I solemnly undertake to abide by Shrine Board / District Administra</li> </ol>		other directions issu	ed by the			
		Full Signature of	f Applicant			
* No one below the age of 13 years, or above pregnancy will be registered for the Yatra.  Please fill whichever is applicable.  *** A duly registered Yatri with a valid Yatra Permit issue Institution, will be entitled to an Insurance cover of Three due to any accident inside the State of J&K while unthrough the Shrine Board after the nominee of the decease.	ed by the Shri Amarnathji S e Lakh Rupees from the In dertaking the Shri Amama	Shrine Board, duly endorsed busurance Company in the ever thji Yatra. The sum assured	by the issuing ht of her/ his death			
For Office Use	Busine	ess Unit	Branch			
Bank Yatra Registration Slip No.	Date	Route	issued			



## COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2019

Please paste one recent passport size photograph here

<b>PA</b> 1.	RT A: (TO BE FILLED BY APPLIC Name		o; W/o,				
	Address						
2.	Date of Birth	Identification i	mark: Blood	Group:			
3. [	DECLARATION: Have you suffere	ed from or have his	story of any of the following:				
	a) Breathlessness	☐Yes ☐No	b) Diabetes	☐ Yes ☐ No			
	c) Respiratory/ lung ailment	☐ Yes ☐ No	d) High Blood pressure	☐ Yes ☐ No			
	e) Blood disorder	☐ Yes ☐ No	f) Asthma	☐ Yes ☐ No			
	g) Bleeding tendencies	☐ Yes ☐ No	h) Epilepsy	∏Yes ∏No			
	i) Heart ailment	Yes No	j) Nervous breakdown	☐ Yes ☐ No			
	k) Joint Pains	☐ Yes ☐ No	I) High altitude/mountain sickness	☐ Yes ☐No			
	m) Discharge from ear	☐ Yes ☐ No	n) History of stroke/ paralysis	☐ Yes ☐ No			
	o) Are you a smoker	☐ Yes ☐ No	p) Are you pregnant:	☐ Yes ☐ No			
		_	(applicable to female Yatris)				
	q) History of Heart Attack; if yes, please specify						
	r) History of sudden death in family members; if yes, please specify						
	s) Any major injury in the past; if yes, please specify						
	t) Any other ailment; if yes, please specify						
	u) History of surgery; if yes, p	u) History of surgery; if yes, please specify					
	v) Are you under any medica	tion; if yes, please s	pecify				
	w) Are you allergic to drugs, f	w) Are you allergic to drugs, foods and chemicals; if yes, please specify					
4.	I hereby declare that the particula been concealed.	hereby declare that the particulars given above are true to the best of my knowledge and belief, and nothing has been concealed.					
Dat	ste Signature/ thumb impression of the Applicant)						
РΑ	RT B: (TO BE FILLED BY AUTHO	RISED MEDICAL A	AUTHORITY)				
On	the basis of information furnish	ed by the applican	t, detailed examination and the ne	cessary investigations, it is			
cer	tified that Mr/Ms/Mrs		is fit to undertak	te the journey to the Shri			
Am	arnathji Holy Cave Shrine.						
Det	ails of any specific test conduct	ed before issuing t	he certificate:				
Na	me of the Doctor						
	nation: Signature and seal of Authorized Medical Authority of issue: MCI/ State Medical Council Registration No:						