

**FORMAT FOR APPLYING FOR KAILASH MANASAROVAR YATRA-2008
(TO BE FILLED IN HINDI OR ENGLISH ONLY)**

NAME (AS IN INDIAN PASSPORT) :

Please provide two recent
passport size photographs
one to be affixed here

FATHER'S/HUSBAND'S NAME :

DATE OF BIRTH :

RELIGION :

PROFESSION :

SEX: MALE/FEMALE

DETAILS OF INDIAN PASSPORT

PASSPORT NO. :

DATE OF ISSUE :

PLACE OF ISSUE :

DATE OF EXPIRY :

(Please enclose copy of personal
particulars page of your passport.)

FULL ADDRESS OF APPLICANT :

STATE :

PIN CODE :

TELEPHONE/MOBILE NO (WITH STD CODE) :

FAX NO (WITH STD CODE), IF ANY :

E-MAIL, IF ANY :

NAME, ADDRESS TEL. NO.AND/OR
FAX NO./E-MAIL OF NEXT OF KIN TO
BE INFORMED IN CASE OF EMERGENCY :

EXPERIENCE OF HIGH ALTITUDE
TREKKING :

ANY FIRST AID EXPERIENCE/
MEDICAL EXPERIENCE :

HAVE YOU BEEN ON KAILASH
MANASAROVAR YATRA BEFORE AS A
LIAISON OFFICER OR A YATRI (IF
YES, INDICATE THE YEAR, NAME
UNDER WHICH TRAVELLED AND
PASSPORT NO).

IS YOUR SPOUSE ALSO APPLYING FOR
THE YATRA? IF YES, HIS/HER NAME :

DECLARATIONS:

1. I understand that Kailash Manasarovar Yatra is a high altitude trekking expedition under inhospitable conditions, which may involve serious risk to the person or property of the Yatris. I am undertaking the Kailash Manasarovar Yatra at my own volition, cost, risk and consequences.
2. I understand that my application will be rejected and not processed if any column is not filled in or if it is incomplete in any other respect.
3. I understand that if I have given wrong information in my application, this will be grounds for disqualification from the Yatra and for forfeiture of non-refundable deposit paid to Kumaon Mandal Vikas Nigam (KMVN).
4. I understand that the decision of the ITBP medical authorities either in Delhi or in Gunji is final and cannot be challenged, that in the event of my being disqualified on medical grounds by the competent medical authorities in Delhi, I will forfeit the non-refundable deposit paid to KMVN, and that in the event of my being disqualified on medical grounds by the competent medical authorities at Gunji, I will forfeit the entire amount paid to KMVN as Yatra charges and I shall not claim any refund thereof.
5. I undertake that I will bear full responsibility for expenses on emergency medical treatment as well as emergency air evacuation, if the need arises during the Yatra.
6. I understand that the decisions taken by the Liaison Officer to maintain security and discipline during the yatra will be final and binding including any decision to repatriate any yatri. In such circumstances I will forfeit the entire amount paid to KMVN as yatra charges and I shall not claim any refund thereof.
7. I further undertake that in any circumstances after confirming my participation, if I am unable to proceed on yatra or to complete the yatra for any reason, my entire deposit will be forfeited with no possibility of refund.

DATE :

SIGNATURE

PLACE :

* For acknowledgement please attach a self-addressed post card.

**** Applications should reach Under Secretary (EA) Room No. 255-A, South Block, Ministry of External Affairs, New Delhi-110011 latest by Monday, March 17, 2008.**

For official use only

Registration No. :

Batch No. :

Remarks :