Shri Amarnathji Yatra 2010

Form - A
Application Form

Plz affix recent PP Size Photograph

FULL NAME

GENDER (Tick ☑ as applicable): ☐ Male ☐ Female Age _____ Years. Blood Group

NAME OF SPOUSE / FATHER

ADDRESS

STATE PIN

EMAIL (if any)

CONTACT / PHONE NO (std code) MOBILE +91

Telephone with STD Code / Mobile number of relative in case of 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 start the Yatra from the ..... (**Baltal / Chandanwari***) Entry Barrier on...../...../2010 and perform Darshan at the Holy Cave on ...../...../2010.
2. I certify that I am not suffering from any Cardiac / Respiratory ailments. I am physically and mentally fit to undertake the journey to the Shri Amarnathji Holy Cave during July-August 2010. I am fully aware that the Shri Amarnathji Yatra involves an arduous trek in the mountains leading to a climb upto an altitude of 14000 ft. above mean sea level.
3. I,....., son/daughter/wife of ....., nominate Mr./Mrs....., age..... relationship ..... to be paid the insurance proceeds upon payment of the insurance claim in case of my death due to accident covered under the applicable insurance policy**.

* Please fill whichever is applicable.

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

Applicant's Signature

J&K Bank
Serving To Empower

For Bank Use

Business Unit

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

Seal & Signature of Registration Officer

Initial of Official