Shri Amarnathji Yatra 2022 YATRA PERMIT APPLICATION FORM (Please fill in block letters)

· · · · · · · · · · · · · · · · · · ·	be signed across this photograph
GENDER (Tick as applicable): Male Female; ; Blood Group:	
_Age*:Yrs. (No one below the age of 13 years, or above the age of 75 years will be registered for	
NAME OF SPOUSE/ FATHER:	
ADDRESS:	
STATE:PIN	
E-Mail (if any):	_
CONTACT / PHONE NO	
Telephone with STD Code / Mobile number of the person to be contacted in case	of any emergency
To The Chief Executive Officer, Shri Amarnathji Shrine Board, Jammu / Srinagar. Sir,	and the shares
 I may please be issued a Permit for embarking on Shri Amarnathji Yatra. start the Yatra from the [Baltal / Chandanwa on 2022. I certify that I have been declared physically fit by the Authorized Doctor Institute to undertake the journey to the Shri Amarnathji Holy Cave duri August 2022. The prescribed Medical Certificate is attached. 	ari**] route / Medical
 3. I, son / daughter / wife of, Shri / Smt; age; rela to be paid the Insurance proceeds*** upon payment of the Insuction in case of my death due to accident. 4. I solemnly undertake to abide by the Dos & Don'ts / other directions issue 	tionship: rance
Shrine Board / District Administration. Full Signature of the second se	of Applicant
* No one below the age of 13 years, or above the age of 75 years, and no lady with more than pregnancy will be registered for the Yatra. Please fill whichever is applicable. *** A duly registered Yatri with a valid Yatra Permit issued by the Shri Amarnathji Shrine Board, duly endorsed by Institution, will be entitled to an Insurance cover of Five Lakh Rupees from the Insurance Company in the event of due to any accident inside the State of J&K while undertaking the Shri Amarnathji Yatra. The sum assured will through the Shrine Board after the nominee of the deceased Yatri completes the due formalities.	r the issuing her/ his death
For Office Use Business Unit	Branch
Bank Yatra Registration Slip NoDate Route	issued

Applicant's photograph whichshould



COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2022

Please paste one recent passport size photograph here

1.		ameS/o;D/o; W/o,				
	Address					
2.	Date of Birth			od Group:		
3. DECLARATION: Have you suffered from or have history of any of the following:						
	a) Breathlessness	🗬Yes 🗌 No	b) Diabetes	☐ Yes ☐ No		
	c) Respiratory/ lung ailment		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 sickne 			
	m) Discharge from ear	□ Yes □ No	n) History of stroke/ paralysis			
	o) Are you a smoker		p) Are you pregnant: (applicable to female Yatris)	Yes No		
	q) History of Heart Attack; if ye	q) History of Heart Attack; if yes, please specify				
	r) History of sudden death in fa	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, please specify					
	v) Are you under any medication; if yes, please specify					
	w) Are you allergic to drugs, foods and chemicals; if yes, please specify					
4.	I hereby declare that the particulars given above are true to the best of my knowledge and belief, and nothing has been concealed.					
Date Signature/ thumb impression of the Applicant)						
PA	RT B: (TO BE FILLED BY AUTHO	RISED MEDICAL	AUTHORITY)			
On	the basis of information furnish	ed by the applica	nt, detailed examination and t	he necessary investigations, it i		
cer	tified that Mr/Ms/Mrs		is fit to undertake t	he journey to the Shri Amarnath		
Но	ly Cave Shrine.					
De	tails of any specific test conducte	d before issuing tl	ne certificate:			
	me of the Doctor	-				
De	signation:	Signat	ure and seal of Authorized Med	ical Authority		
Da	te of issue:	MCI/ State M	edical Council Registration	No:		