AmarnathYatri.com
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Shri Amarnathji Yatra 2021

YATRA PERMIT
APPLICATION FORM
(Please fill in block letters)

Applicant's photograph which should be signed across this photograph

FULL NAME: _____

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 the Yatra).**

NAME OF SPOUSE / FATHER: _____

ADDRESS: _____

STATE: _____ PIN _____

E-Mail (if any): _____

CONTACT / PHONE NO ☐☐☐☐☐ ☐☐☐☐☐☐☐ MOBILE +91 ☐☐☐☐☐☐☐☐☐☐

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,

1. I may please be issued a Permit for embarking on Shri Amarnathji Yatra. I shall start the Yatra from the _____ _____ [Baltal / Chandanwari**] route on _____/_____ 2021.

2. 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 June - August 2021. The prescribed Medical Certificate is attached.

3. I _____, son / daughter / wife of _____, nominate Shri / Smt. _____ ; age _____; relationship: _____ to be paid the Insurance proceeds*** upon payment of the Insurance claim in case of my death due to accident.

4. I solemnly undertake to abide by the Dos & Don'ts / other directions issued by the Shrine Board / District Administration.

_____
Full Signature of Applicant

*** No one below the age of 13 years, or above the age of 75 years, and no lady with more than six weeks 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 the issuing Institution, will be entitled to an Insurance cover of Five Lakh Rupees from the Insurance Company in the event of her/ his death due to any accident inside the State of J&K while undertaking the Shri Amarnathji Yatra. The sum assured wiill be paid through the Shrine Board after the nominee of the deceased Yatri completes the due formalities.

For Office Use **Business Unit _____Branch**

Bank Yatra Registration Slip No._____Date_____ Route _____ issued

Seal and Signature of
Registration Officer

Initials of Official

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