Shri Amarnathji Yatra 2024

YATRA PERMIT
APPLICATION FORM
(Please fill in block letters)

Applicant's photograph which should be signed across this photograph

Full Name: _____

Name of Spouse / Father: _____

Gender (Tick as Applicable) Male Female Blood Group: _____

Age/Dob: _____ **(Any one below the age of 13 years, and above 70 years)**

Note: No lady with more than 6 weeks pregnancy will be registered for the Yatra 2024)

Address: _____

State: _____ Pin: _____

Aadhaar: _____ Email (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 _____/_____ –2024

2. I certify that I have been declared physically fit by the Authorized Doctor / Medical Institute to undertake the journey to the Shri Amarnathji Holy Cave during July - August 2024. 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 70 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 will 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