KAILASH MANASAROVAR YATRA (KMY) - 2013

June - September

APPLICATION FORM FOR YATRIS

- Only INDIAN NATIONALS are eligible to apply. For details, visit: http://kmyatra.webstarts.com
- Duly completed (1) Application Form, (2) Three Photographs, and (3) Passport copy of personal and family details pages, must reach by MONDAY, 11 MARCH 2013 at the address below: Attaché (China), China Registry, Room No.255-A, Ministry of External Affairs, South Block, New Delhi 110 011. Tel: 011-2301-4900. e-Mail: kmyatra@mea.gov.in
- Application form be filled in **BLOCK LETTERS** in **HINDI** or **ENGLISH** after carefully reading detailed Guidelines.
- Applicants may send their applications by REGISTERED INDIA POST or SPEEDPOST.
- Strike out the portion which is not applicable.

For official use only:

| Registration No. | |
|------------------|--|
| Remarks: | |

Provide three recent passport size coloured photographs

- One photo to be affixed here.
- Two photos to be attached with Name, Date of Birth, and Blood Group written at the back.

| 1. | Applicant's full | GIVE | EN NA | ME | (as ir | n passpo | ort): | | | | | | | | | | | | | | | | | | |
|-----|--|----------|--------|---------|--------|----------|----------|-------|---------|------|------|------|----------|-------|------|-------|---------|-------|-------|--------|--------|------|------|--------|----|
| | Applicant's SU | JRNA | ME (as | s in p | asspo | ort): | | | | | | | | | | | | | | | | | | | |
| 2. | Father or Mother's full name: Mr Mrs | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Date of birth (a | as in p | passpo | ort): | | | | | | | | | | 4. | 3 | Sex | | M | ALE | Ē | \top | | FEN | IAL | E |
| 5. | Blood Type: | 0+ | A+ | . [| 3+ | AB+ | 0 | - | A- | B- | 1 | AB- | | 6. | A | ۱re | you a | Ме | dica | l Doc | ctor: | | YES | ; | NO |
| 7. | Religion: I | Hindu | Sikh | Jain | Buc | dhist | Other | (spe | cify) . | | | | | 8. | F | Prof | essio | n: | | | | | | | |
| 9. | (a) Indian Pas | sport | No. | | | | | | | | | | (b) Pla | ice o | flss | ue: | | | | | | | | | |
| | (c) Date of issu | ue: | | | | | | | | | | | (d) Da | te of | ехр | iry: | | | | | | | | | |
| 10. | Full postal add | dress: | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | District: | | | | | | Sta | ate: | | | | | | | | | PIN (| Code |): | | \top | | | | |
| | Telephone: | STD | Code: | | | | <u> </u> | Hom | e: | | | | | | | Ť | Office: | | ľ | T | | Τ | T | Т | |
| | Mobile-1: | | | | | | | | | | | I | /lobile- | 2: | Ť | | | | | | Τ | | | | T |
| | e-Mail address | S: | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Next-of-kin de | tails fo | or eme | erae | ucv. | Namo | е. | | | | | | | | | | | | | | | | | | |
| | Mobile: | | | .90 | | | J. | | | | | l an | dline: | | | | | | | | | Τ | Т | \top | |
| | e-Mail address | · · | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1/1.4 | | | | | | | | Τ. | · | | | | | | | | _ | | | | |
| 12. | Have you beer | n on I | ИLA'S | KM | Yatı | ra beto | ore? | | (a) | As Y | atrı | Ц. | YES | NC |) | (b |) As L | iaisc | on C | office | ſ | YES | | | NO |
| | If yes, details t | herec | of: | | (c) | Numb | oer of | f Vis | its: | | | | (d) Ye | ars o | flas | st th | ree Y | atra | s: | | | | | | |
| 13. | How did you c | ome t | o kno | w at | out | KMY-2 | 2013' | ? | | Nev | vspa | aper | TV R | adio | Inte | rnet | Frien | d R | elati | ve F | ormo | er Y | atri | Othe | er |
| 14. | Is your wife/hu | ısban | d also | арр | lying | g for K | MY-2 | 2013 | ? | Y | ES | I | 10 | | | | | | | | | | | | |
| | If yes, his/her | full na | me: N | /lr l | Mrs | | | | | | | | ' | | | | | | | | | | | | |
| DE | CI ARATION AN | און חו | IDERI | TNK | ING | RV AE | ו וסכ | · VVI | т. | | | | | | | | | | | | | | | | |

- 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 • My application will be rejected and not processed if it is incomplete in any respect • If I have given wrong information in my application, this will be ground for disqualification from the Yatra and for forfeiture of deposit paid for the Yatra • Decisions of ITBP medical authorities in Delhi and Gunji are final and cannot be challenged • In the event of my being disqualified on medical grounds by the competent medical authorities in Delhi or in Gunji, I shall forfeit the entire amount paid for the Yatra • 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 shall forfeit the entire amount paid for the Yatra • Indiscipline or misconduct during the Yatra, including unauthorized deviation from the official Yatra route, shall attract serious penalties against me, including non-issue of Yatra completion certificate and ban on participation in the Yatra in future.
- 2. I undertake that: I shall bear full responsibility for expenses on emergency medical treatment as well as emergency land and air evacuation, if need arises during the Yatra • After confirming my participation, if I am unable to proceed on or complete the Yatra for any reason, my entire deposit shall be forfeited • I am undertaking the Yatra at my own volition, cost, risk and consequences.
- 3. Legal: I further understand that without prejudice to the foregoing, all claims, disputes and differences shall be subject to the jurisdiction of Courts in New Delhi only.

| PLACE : | |
|---------|------------------------|
| DATE : | SIGNATURE OF APPLICANT |