

APPLICATION FOR REGISTRATION FOR AMARNATH JI YATRA

- 1. Registration No: (To be filled in by officer).....
- 2. Name :..... Age:.....
- 3. Father's/Spouse's Name:.....
- 4. Permanent address:
 State..... District Tehsil Post office.....
 Pin
- Police Station Fax No. (if any)..... Telephone (if any).....

- 5. Route option: Pahalgam/Baltal (Please ? the option)
- 6. Preferred date for Darshan:

7. Whether travelling in group ?
 If yes, mention strength in particulars of members
 (Use separate sheet for details if required)

Note:
 In case travelling in group please specify the group strength and the particulars of members to consider passage together. However each pilgrim will be given a separate registration/identity card.

Signature/thumb impression of applicant

MEDICAL FITNESS CERTIFICATE

Certified that the applicant is fit to perform yatra at the height of 14,000 feet above main sea level.

 REGISTRATION-CUM-IDENTITY SLIP
 FOR SHRI AMARNATH JI YATRA

Name: Age.....
 Parentage:.....
 State:
 Address:

.....
 (Above particulars to be filled up by the applicant in capital letters)

Registration No. (To be allotted by office).....
 Route allowed: Date of Darshan

Photo (To be filled up by office)

(Route & Darshan date cannot be changed)

Seal & Signature of Registration Officer