	ATRA PERMIT			Applicant's
	LICATION FORM e fill in block letters)			photograp which should be signed across this
Full Name:				photograp
Name of Spouse / Father:				
Gender (Tick as Applicable) Male				
Age/Dob:			bove 70 years)	
Note: No lady with more than 6 weeks pregna		•		
Address:				
State: Aadhaar:				
		,,,,		
		MOBILE +91		
Telephone with STD Code / Mobile nur	nber of the person to	be contacted in o	case of any emerge	ncy _
То				
Sir, 1. I may please be issued a Permi start the Yatra from the	-2024	_ [Baltal / Char	ndanwari**] route	
 I certify that I have been decla Institute to undertake the jour August 2024. The prescribed M 	ney to the Shri Ama	arnathji Holy Ca		
3. I, so	n / daughter / wife of		, nominate	
3. I, so Shri / Smtto be paid the Inst	Irance proceeds*** ur	_; age	; relationship:	
claim in case of my death due t		on payment of t		
4. I solemnly undertake to abide b Shrine Board / District Administ	-	ther directions is	ssued by the	
		Full Sign	ature of Applicant	
* No one below the age of 13 years, or above pregnancy will be registered for the Yatra.	<u>ve the age of 70 years, a</u>	nd no lady with m	ore than six weeks	
Please fill whichever is applicable. *** A duly registered Yatri with a valid Yatra Permit is Institution, will be entitled to an insurance cover of Fi death due to any accident inside the State of J&K wh through the Shrine Board after the nominee of the de	ive Lakh Rupees from the Ins nile undertaking the Shri Ama	urance Company in th rnathji Yatra. The sur	he event of her/ his	
	Busin	ess Unit	Branch	
For Office Use				

ART A: (TO BE FILLED BY APPLICANT)					p; phc	Paste recent passport size photograph here	
	S						
	:Aadhaar No.:				Blood Group:		
	ation Mark:						
Age lim a) For b) No		at 70 Years o be registe	old. ered for th	e Yatra 20)24		
S. No	Condition	Yes	No	S. No	Condition	Yes	N
A)	Breathlessness		4 mn	B)	Diabetes		-
C)	Respiratory/Lung ailment	1000		D)	High Blood Pressure		<u> </u>
E)	Blood disorder	+		F)	Asthma		
G)	Bleeding tendencies	<u> </u>		H)	Epilepsy		
I)	Heart ailment	and the second	1	J)	Nervous breakdown		
K)	Joint Pains			L)	High altitude/mountain Sickness		
M)	Discharge from ear		\sim	N)	History of stroke/ paralysis		
O)	Are you a smoker			P)	Are you pregnant (Applicable to female Yatris)		
• • • • • • • • • • • •	History of Heart Attack, if yes please specific History of sudden death in family member, Any major injury in the past, if yes please s Any other ailment, if yes please specify History of surgery, if yes please specify Are you under any medication, if yes please Are you allergic to drugs, foods and chemic declare that the particulars given above	if yes plea specify e specify cals, if yes	s please sp	becifyt of my kr	nowledge and belief, and nothing has been		led.
Date:	: (TO BE FILLED BY AUTHORISED	MEDICA		<u>IORITY)</u>	L		
Date: PART B		, detailed o	examinatio	on and the	-		
Date: PART B	:: (TO BE FILLED BY AUTHORISED asis of information furnished by the applicant	, detailed o	examinatio	on and the to underta	e necessary investigations, it is certified tha ake the journey to the Shri Amarnathji Holy	Cave Shrin	
Date: PART B On the ba	asis of information furnished by the applicant	, detailed o	examinatio	on and the to underta	e necessary investigations, it is certified tha ake the journey to the Shri Amarnathji Holy	Cave Shrin	

Annexure I