

REGISTRATION FORM FOR DEVBHOOMI DARSHAN TOUR

1. NAME OF APPLICANT :

2. FATHER'S NAME:

3. DATE OF BIRTH:

4. PERMANENT ADDRESS :

5. CONTACT DETAILS:

5.1 Mobile-1:

5.2 Mobile:2 :

5.3 E-mail:

6. NAME OF ATTENDANT (If travelling with Sr. Citizen) :

7. RELATION OF ATTENDANT WITH SENIOR CITIZEN:

8. CONTACT DETAILS OF ATTENDANT :

8.1 Mobile Number :

8.2 Email Address :

9. PREFERRED DATE FOR TOUR START :

(Please select after 15th February, 2019)

10. PREFERRED PLACE FOR TOUR START :

11. TOTAL ANNUAL INCOME :

12. Brief Medical History :

12.1. Name of disease suffering from, if any :

12.2. Medicines advised by doctor :

12.3. Details of disability, if physically disabled :

13. ATTACH FOLLOWING DOCUMENTS :

13.1 Date of Birth Certificate :

13.2. Income Certificate :

13.3. Medical Certificate :

13.4. Himachali Bonafide Certificate:

13.5. Aadhar Card Copy (Applicant):

13.6 Adhaar Card Copy (Attendant):

14. TWO MOBILE NUMBERS TO BE CONTACTED IN CASE OF EMERGENCY:

12.1 Mobile-1* :

12.2 Mobile-2* :

I _____ (Name of the applicant) certify that I have read all terms and conditions of Devbhoomi Darshan Yojna and agree to the terms and conditions of the Scheme.

DATE:

SIGNATURE OF APPLICANT

PLACE: