

KAILASH MANASAROVAR YATRA

June – September

APPLICATION FORM FOR YATRIS

- ❖ **ELIGIBILITY:** Indian nationals aged between 18 and 70 years as on 01 January of the Yatra year
- ❖ **LAST DATE** for receipt of completed paper Application Form: **10 MARCH** of the Yatra year
- ❖ **ENCLOSURES:** (1) **2 Photographs**, and (2) **Passport copy** of personal and family details pages valid for at least six months as on 1 September of the Yatra year. **FEES** are payable after selection only.
- ❖ Fill Form in **BLOCK LETTERS** in **HINDI** or **ENGLISH**. Strike out portion which is not applicable.
- ❖ To ensure timely delivery, send completed Form by **REGISTERED INDIA POST** or **SPEEDPOST** to: **Attaché (China), China Registry, Room No.255-A, Ministry of External Affairs, South Block, New Delhi 110011. Tel: 011-2301-4900. e-Mail : kmyatra@mea.gov.in**
- ❖ To **APPLY ONLINE**, visit: <http://passport.gov.in/kmy>
 - Last date to file application online: 05 MARCH of the Yatra year
 - Online applicants need to (a) PRINT the form submitted online, (b) SIGN it, (c) attach ENCLOSURES, and (d) SEND to reach Attaché (China) at the above address by 10 MARCH of the Yatra year.

For official use only:

Registration No.

Remarks:

PHOTOGRAPHS

2 Recent passport size coloured photographs:

- 1 photo to be affixed here.
- 1 photo to be attached with Name, Birth Date and Blood Group written at back.

For details : <http://mea.gov.in/kmy>

1.	Applicant's full GIVEN NAME (as in passport):															
	Applicant's SURNAME (as in passport):															
2.	Father or Mother's full name: Mr Mrs															
3.	Date of birth (as in passport):								4.	Sex:		MALE	FEMALE			
5.	Blood Type:			O+	A+	B+	AB+	O-	A-	B-	AB-	6.	Are you a Medical Doctor:		YES	NO
7.	Religion:		Hindu Sikh Jain Buddhist Other (specify)								8.	Profession:				
9.	(a) Indian Passport No.				(b) Place of Issue:											
	(c) Date of issue:				(d) Date of expiry:											
10.	Full postal address:															
	District:				State:				PIN Code:							
	Telephone:		STD Code		Home		Office									
	Mobile-1:				Mobile-2:											
	e-Mail address:															
11.	Next-of-kin details for emergency: Name:															
	Mobile:								Landline:							
	e-Mail address:															
12.	Have you been on MEA's KM Yatra before?				(a) As Yatri		YES	NO	(b) As Liaison Officer		YES	NO				
	If yes, details thereof:				(c) Number of Visits:				(d) Years of last three KM Yatras:							
13.	How did you come to know about MEA's KM Yatra?				Newspaper TV Radio Internet Friend Relative Former Yatri Other											
14.	Is your wife husband also applying for MEA's KM Yatra this year?				YES	NO										
	If yes, his/her full name: Mr Mrs															

DECLARATION AND UNDERTAKING BY APPLICANT:

- 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 a decision to repatriate me. 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.
- 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.
- Legal:** I further understand that without prejudice to the foregoing, all claims, disputes and differences shall be subject to the jurisdiction of Courts in Delhi only.



PLACE : _____
DATE : _____

SIGNATURE OF APPLICANT