

CONSENT FORM

CONSENT FORM TO BE FILLED BY THE KAILASH MANASAROVAR YATRI

1. NAME OF YATRI :
2. FATHER'S NAME :
3. DATE OF BIRTH :
4. ADDRESS :
(WITH STATE AND PIN NO.)
5. TELEPHONE (WITH CODE) :
MOBILE NO. :
6. OCCUPATION :
7. PASSPORT NO :
DATE OF ISSUE :
PLACE OF ISSUE :
VAILD UPTO :
8. NEXT OF KIN TO BE INFORMED :
IN CASE OF EMERGENCY :

I, _____ understand that Kailash Manasarovar Yatra involves high altitude trekking under inhospitable conditions which may pose serious risk to person of the Yatri. I am undertaking the Kailash Manasarovar Yatra at my own volition, cost, risk and consequences.

I hereby undertake that in case of loss of my life on Chinese territory during Yatra, the decision regarding cremation of mortal remains at site (i.e. Chinese territory) shall be left to Liaison officer of the batch who will not be bound to seek prior consent of my family members or relatives.

I further undertake that without prejudice to the foregoing, all claims, disputes, differences shall be subject to the Jurisdiction of Courts in New Delhi only.

DATE :

(SIGNATURE OF YATRI)

PLACE :

Full name in BLOCK LETTERS:
Registration No.
Batch No.

(SIGNATURE OF SPOUSE/NEXT OF KIN)

Full name in BLOCK LETTERS: