

UNDERTAKING

UNDERTAKING BY THE YATRI IN CASE OF EMERGENCY HELICOPTER EVACUATION

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 is a high altitude trekking expedition under inhospitable conditions which may involve serious risk to person/property of the yatri. I am undertaking the Kailash Manasarovar Yatra at my own volition, cost, risk and consequences.

I undertake that I will bear full responsibility for expenses on emergency medical treatment, if the need arises during the Yatra.

I undertake to bear full responsibility for expenses on emergency medical air evacuation which could run into lakhs of rupees, if the need so arises during the Yatra.

DATE:

(SIGNATURE OF YATRI)

PLACE:

(Full name in Block Letter)

Batch No.

Registration No.