

5) HEALTH CHART

a) Health Status

◆ Blood Group :

◆ Blood Pressure Level :

◆ Sugar Level :

b) Do You have any Cardiac or Respiratory problems? Yes No

(If yes, Please specify)

c) Do you have any medical insurance? Yes No

(If yes, specify the name of Insurance Provider)

d) Have you enclosed your medical fitness certificate from your doctor?
 Yes No

6) Package chosen

(Please tick) : 1 2 3 4 5 6 7

DECLARATION

I hereby declare that the information given above is true to the best of my knowledge and belief.

Date.....

Signature

Remarks:

OFFICE USE

1. Payment by : Cash: Cheque: DD: Bank Transfer:

2. Details :

3. Amount Paid :

4. Communication : E-Mail Phone SMS Letter

5. Boarding Point :

6. Journey Date :