



SCHOOL OF BHAGAVAD GITA

Salagramam, Kundamankadavu,
Valiyavila, Thirumala P.O.,
Thiruvananthapuram - 695 006
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Affix a
Passport size
Photograph

CHARDHAM YATRA 2012

1. **PERSONAL DETAILS :**

a) Name :

b) Date of Birth : DD MM YY

c) Sex : Male Female

d) Nationality: Occupation:

e) Present Address:
(With Pin code)

f) Phone (with STD/ISD code):

Residence: Office:

g) Mobile:

h) E-mail

i) Permanent Address:

2. Are you a medical doctor? Yes No

3. Whom to contact In Case of Emergency?

a) Name & Address:

b) Phone: Mobile:

c) Relationship with the applicant:

P.T.O

4. Are your friends or relatives accompanying you on this yatra? If yes, their names and relationship to you.

Name/Names:

Relationship:

5. HEALTH CHART

a) Health Status

- Blood Group :
- Blood Pressure Level :
- Sugar Level :

b) Do you have any cardiac or respiratory problems?

(If yes, please specify)

Yes

No

6.PACKAGE CHOSEN

Rs 26,000

Rs. 32,000

Rs 44,000

7.BOARDING POINT

Train

Flight.....

DECLARATION

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

Date:.....

Signature:.....

FOR OFFICE USE

Instalment &date	Amount Paid	Details of Payment	Receipt No	Name & sign of staff
1.				
2.				
3.				
4.				
Caution Deposit Rs. 5000 (refundable after deductions, if any)				
TOTAL				