



## SCHOOL OF BHAGAVAD GITA

Salagramam, Kundamankadavu,  
Valiyavila, Thirumala P.O.,  
Thiruvananthapuram - 695 006  
E-mail: [admin@sobg.org](mailto:admin@sobg.org), [yatra@sobg.org](mailto:yatra@sobg.org)  
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[AMARNATH YATRA 2012](#)

Affix a  
Passport size  
Photograph

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:

**4. 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

**PACKAGE CHOSEN**

Rs 16,000

Rs. 18,000

Rs. 22,000

Rs 30,000

**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**

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