

Kardaliwan Seva Sangh Pune
Angkorwat Vishnudham Cambodia Tour

Registration Form

For Office Use

Mumbai to Mumbai Siem Reap to Siem Reap

Tour Date :

Amount Deposited :

Cash / Cheque / Online :

Enrollment Date :

Amount Balance :

- 1) Name : Mr / Mrs. _____
- 2) Address : _____

- 3) WhatsApp No.: _____ Mobile: _____
- 4) Email : _____
- 5) Birth Date : / / Age : _____ Gender - Male /Female : _____
- 6) Occupation : _____
- 7) Name of Wife / Husband / Nearest Relative : _____ Mobile : _____
Email : _____
- 8) Details of Previous Foreign Tour : _____
- 9) Have you understood all information about Cambodia Tour : _____
- 10) Passport No. : _____ Validity : _____
Adhar Card No. : _____

I wish to participate in Cambodia Tour as per my own will and desire. I have understood all information, rules & discipline of Cambodia Tour.

Kindly accept my registration for the tour.

Place :

Signature :

Date :

Name :

Angkorwat Vishnudham Cambodia Tour

Consent letter & Declaration

I have got all information about the tour and I have understood rules, discipline and all relevant details of the tour. I have informed my keen family members about my participation in the Cambodia Tour.

I am medically fit to join the tour. I know that all medical responsibilities lies with me only Organisers are not responsible for any medical emergencies.

I will join and complete this tour & will be abide by the rules and discipline of Kardaliwan Seva Sangh. I will co-operate for the success of the tour.

Place :

Signature :

Date :

Name :

Witness Signature :

Witness Name & Address :