

**Kardaliwan Seva Sangh**  
**SWARGAROHINI YATRA 2020**

**Registration Form**

Yatra Date: \_\_\_\_\_

Yatra Joining from

Badrinath

Haridwar

Advance Paid: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Balance Amount: \_\_\_\_\_

1. Name : \_\_\_\_\_

2. Full Address: \_\_\_\_\_  
\_\_\_\_\_

Land Line: STD Code : \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mobile No: \_\_\_\_\_ WhatsApp No.: \_\_\_\_\_

Email Id: \_\_\_\_\_

3. Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male / Female

4. Identification : Adhar Card No. \_\_\_\_\_ PAN No. \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Past Expedition / Treks / Yatras, if any : \_\_\_\_\_  
\_\_\_\_\_

7. Have you informed spouse, next kin and other relatives about participating in Swargarohini Yatra?  Yes /  No

8. Spouse Details : Name : \_\_\_\_\_

Mobile : \_\_\_\_\_ WhatsApp: \_\_\_\_\_ Email Id : \_\_\_\_\_

9. Next Kin in case of Emergency : Name : \_\_\_\_\_

Mobile : \_\_\_\_\_ WhatsApp: \_\_\_\_\_ Email Id : \_\_\_\_\_

10. Have you clearly understood the path of Yatra, risk involved, detail itinerary and other details?  Yes /  No.

11. Are you ready to be abiding by all rules, regulation and discipline during the Yatra  Yes /  No.

12. Do you assure that you will co-operate with organization and adjust with circumstance during the Yatra?  Yes /  No.

**Photo**

I have studied the details of the Yatra and have understood the conditions, risk involved, emergency situations, limits and liabilities of organizers, my responsibilities and duties. I am medically and mentally fit to join this Yatra. I assure that I will co-operate and help to complete this Yatra successfully. I request you to register myself for this Yatra.

**Declaration :**

I have read and understood the terms and conditions set in the brochure, the Registration Form and thereby agree to sign it on my own free will.

I agree to all stated conditions & obligations set forth herein, including all limitations and liabilities. I have also understood and accept that general flexibility is needed for adventure tours of this type and release tour organizers from all liabilities for any illness, personal injury or death, loss or damage of property, delay or alteration in program or any additional expenses due to act of God, terrorism, Govt. restrictions & regulations, strikes, theft etc. Assumption of all risks and agency agreements.

I agree to bear the full costs for any medical expenses incurred and any emergency evacuation including airlift by helicopter or extra hospitalities, ground transports or any other extra requisites.

I also declare that in case of emergency, all medical and rescue transportation's expenses arise for me will be paid by me or by my nominee in my absence.

Place : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Name : \_\_\_\_\_

Witness :

Name : \_\_\_\_\_ Signature : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Note : Please note that any claim, dispute, court care etc. shall be subject to Pune City jurisdiction only

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**UNDERTAKING BY APPLICANT**

1. FULL NAME : \_\_\_\_\_
2. FATHER / HUSBAND NAME : \_\_\_\_\_
3. DATE OF BIRTH : \_\_\_\_\_
4. ADDRESS : \_\_\_\_\_  
(WITH STATE AND PIN CODE) \_\_\_\_\_
5. MOBILE / WhatsApp No: : \_\_\_\_\_
6. EMAIL : \_\_\_\_\_
7. NEXT OF KIN TO INFORMED : \_\_\_\_\_  
IN CASE OF EMERGENCY : \_\_\_\_\_  
HIS MOBILE / WhatsApp No : \_\_\_\_\_

I, \_\_\_\_\_ understand that Swargarohini Yatra involves high altitude trekking under inhospitable conditions which may pose serious risk. I am undertaking the Swargarohini Yatra at my own volition, cost, risk and consequences.

I hereby undertake that in case of loss of my life during Yatra, the decision regarding cremation of mortal remains at site shall be left to Liaison officer of the batch who will not be bound to seek prior consent of my family members or relatives.

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

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.

I further undertake that without prejudice to the foregoing, all claims, disputes, differences shall be subject to the Jurisdiction of Courts in Pune City only.

DATE : \_\_\_\_\_

(SIGNATURE OF APPLICANT)

PLACE : \_\_\_\_\_

Full name in BLOCK LETTERS : \_\_\_\_\_

(SIGNATURE OF SPOUSE / NEXT OF KIN)

Full name in BLOCK LETTERS: \_\_\_\_\_