

UNDERTAKING IN CASE OF EMERGENCY FOR HELICOPTER EVACUATION

- 1 NAME OF YATRI :
- 2 KMY REGISTRATION NUMBER : BATCH NUMBER
- 3 FATHER/HUSBAND NAME :
- 4 DATE OF BIRTH :
- 5 ADDRESS :
(WITH STATE AND PIN CODE.)
- 6 TELEPHONE (WITH CODE) :
MOBILE NO. :
- 7 OCCUPATION :
- 8 PASSPORT NO : DATE OF ISSUE:
PLACE OF ISSUE : VAILD UPTO :
- 9 NEXT OF KIN TO BE INFORMED (IN CASE OF EMERGENCY)
FULL NAME
- 10 RELATIONSHIP :
- 11 ADDRESS (WITH PIN CODE)
- 12 TELEPHONE NUMBER :

I, _____ understand that Kailash Manasarovar Yatra is a high altitude trekking expedition under inhospitable conditions which may involve serious risk to person/property of the yatri. I am undertaking the Kailash Manasarovar Yatra at my own volition, cost, risk and consequences.

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

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.

DATE: PLACE: (SIGNATURE OF YATRI)

Assurance for payment by next of kin as mentioned in column 9 above

DATE PLACE (SIGNATURE & NAME)