

APPLICATION FORM FOR PARTICIPATION IN RAMESHWARAM YATRA

Sl. No.	Name (Block Capital)	Date of Birth	Aadhar Number	Mobile Number	Class of Journey	
					SL	AC 3
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>

Complete Postal Address & Email ID of serial No. 1 _____

_____ Email: _____

DD No..... Dated Drawn on Bank Amount

1. The Form should be filled in ENGLISH only.
2. Name of the Head of the Group should be written at Sl No. 1.
3. Name should be written in BLOCK CAPITAL LETTERS only.
4. Name should be the same as on AADHAR CARD.
5. Address & Email ID must be written clearly.
6. Payments will be accepted through BANK DEMAND DRAFT only.
7. DD should be drawn in favour of SHRI MANIK PRABHU SAMSTHAN payable at State Bank of India, Branch: Humnabad, Branch Code 6028.
8. Payment by Cash/ Card/ Online Transfer/ Cheque etc will not be accepted.
9. Applications not found in order will be rejected and the DD will be returned back.
10. Applications forms sent without attaching DD & Aadhar Card copies will be rejected.
11. Bookings will close upon registration of 500 Yatris only or on 31st May 2018 whichever is earlier.
12. The Samsthan reserves the right to accept or reject any application without assigning any reason, whatsoever.

I/we have read and understood all the rules and regulations of the Yatra and promise to abide by them in letter and spirit.

I am enclosing herewith a DD for Rs. _____ and Xerox copies of Aadhar cards of all the above named passengers.

Signature