UTTARAKHAND
TOUR & TRAVEL
LIFE TIME JOURNEY

BOOKING FORM (Adi Kailas Yatra) 2027

Uttarakhand Tour & Travel
M: 9634755026 / 9368714678, 8624028073
Email : merukailash01@gmail.com
Website : adikailashmansarovar.com

Tour Details _____
Tour Package Type _____
Tour Package Date _____

photo

PERSONAL INFORMATION:

Full Name (As per Adhar Card): …….....……...

Age: ……years Sex: M / F : …….....…….....

Adhar Card No: …….....…….....

Name of Father/ Mother/Guardian: ……...……

Name of Spouse (Husband/ Wife): ……...……

Address: ……..……..

……...……

Telephone: …….....…….....…… Mobile: …….....…….……..

Email: …….....

CONTACT (in case of emergency):

Name of the Person: …….....

Address: ……..……..….....…

Relation: ……...…… Phone: ……...……..... Mobile: ……..…….....

Personal Declaration :

I am interested to join in your regular Mt. Adi Kailash Tour on my own decision which is scheduled to departure from Delhi / Kathgodam/Pithoragarh on...……....…… here by deposited initial non refundable Rs. 5000/- booking charge.....- by cash/Bank transfer /Online / cheque No: …….....…… thru bank …….…… on…….

I am fully aware about the landscape & climate of the route and other required general information about the yatra. I am traveling on my own decision with aware of about the duration of yatra and additional cost to be paid in case of any problem – flight cancellation due to bad weather, permit problem which are beyond control of Uttarakhand Tour & Travel or its associated partners.

Signature

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I HERE BY GIVE UNDERTAKING THAT

I hereby confirm my participation in the Tour/ organized by Uttarakhand Tour & Travel. and shall abide by the following terms:

1. I Mr./Mrs./Miss..... Agree to ad here strictly to the discipline of the program and abide by the directions of the Uttarakhand Tour & Travel. at all times during the Yatra program.

2. I am participating in this Yatra program at my own risk and in case of any accident illness of any injury resulting in any type of loss or disabilities including loss of belongings. I will not hold the Uttarakhand Tour & Travel or its staff, agents responsible for that and i will never claim any compensation from them.

3. I have understood and I agree that in case if l am required to give up the said Yatra program at any stage for any reason, whatsoever participation fees once paid are totally non refundable.

4. I do have any Infection, Decease and I am keeping good and sound health. I filed with this application form my medical fitness certificate.

5. I have read the instruction relating to the program, in which I shall be participating and I have fully understood and I fully their implication. The above entries made by me are true correct. I promise to undertake the above program sincerely. I will observe proper discipline.

6. This is a weather prone region and tours are subject to deviate due to weather and political reasons. Tour operators has fully right to change the date's/itinerary and cancel the trip if any unavoidable circumstances.

7. It is our most important concern and aim that you enjoy your trip enabling us to earn your trust. However, we are not responsible for any cancellation due to climatic conditions. Delay or refusal in grant of necessary permits may occur at any time with no prior information, and technical failure of any type of transport we use, late arrivals or force majeure or for any reasons beyond our control.

BOOKING & ADVANCE DEPOSIT

To reserve your place for the trip please complete the booking form and send it with the Advance Deposit of.....per person along with Documents Adhar card copy, Vaccination Certificate, Medical Certificate & photograph

CANCELLATION POLICY

If cancellation is made before following days prior to the onward journey

1. 20 days prior to your departure date 25% of tour cost
2. 10 days prior to your departure date 50% of tour cost
3. Less than 5 days to your departure - No refund

Date : Signature of Applicant