

PRAXIS HOLIDAYS LLP

MCA IN : AAL-8342

KAILASH MANASAROVAR PILGRIMAGE TOUR 2019
(LUCKNOW-NEPALGANJ-SIMILKOT-HILSA-TAKLAKOT- MANSAROVAR)

Registration Form

TO

PRAXIS HOLIDAYS LLP

1839, I BLOCK , 20TH MAIN ROAD,

ANNA NAGAR , CHENNAI , 600040

Dear Sir

I Wish to join the the Kailash Manasarovar Pilgrimage Tour group being organized by your company and I hereby send all my details required by you along with advance payment to confirm my participation in the tour group leaving LUCKNOW on 30th May/5th September/16th September(Tick selected date). **I am also enclosing herewith soft copy of my passport with validity more than 6 months from the date of travel along with soft copy of passport size color photo.**

Surname:

Middle Name:

Given Name:

Date Of birth

Age:

Gender:

Nationality:

Passport Number :

Issuing Country:

Expiry:

Weight;

PAN NUMBER:

Health Issue (if any):

Communication Address:

Contact Details ;

Telephone land line: (+ country code) (Area code) (Number)

Mobile: (+country code) (Number)

Email:

EMERGENCY CONTACT DETAILS:

Name of Contact Person:

Relationship with Pax:

Land line Number:

Mobile Number:

I confirm having read and fully understood and shall comply with booking terms and conditions , additional terms and conditions and risks and liabilities attached herewith.

I confirm that I have been appraised of risks and uncertainties involved in travel to Kailsh Mansarovar.

I undertake to provide 30 days prior to date of departure medical fitness certificate from a physician certifying specifically my fitness to travel to Kailash Mansarovar.

PILGRIM SIGNATURE :

DATE:

PILGRIM NAME:

PLACE: