

**PARTICIPATION FORM****TOUR TO SINGAPORE and MALAYSIA****MONDAY 10 to THURSDAY 20 APRIL 2017**

Name of Applicant: \*Mr/Mrs/Miss .....  
 (\* Delete as appropriate and SURNAME in block letters)

Designation: .....

Ministry/Department: .....

Residential Address: .....

Phone Number: (Mob)..... (Res)..... (Off).....

Emergency Contact Person: ..... Phone Number: .....

Accompanied by:

	NAME	RELATION	DOB	AGE	NON-VEG	VEG	AMOUNT (Rs)
SELF							
2							
3							
4							
5							
6							

**NOTE**

- (i) Original passports should be produced for check-in at the Airport.
- (ii) Participants, who are under medical supervision or who are on special drugs should submit relevant details to the organizers when applying for tickets.
- (iii) The costs of any additional service/items, including beverages, not included in this package will have to be met by the participant.
- (iv) Participants will bear responsibility of any mishap caused by themselves or accompanied members of their family during the tour.
- (v) Participants will be required to comply with all instructions given by the group leaders/guides during the tour.

I and my family members confirm that we are participating in the Tour to Singapore- Malaysia at our own risk. I understand by signing this participation form that my family and I cannot enter any representation, or statement, or legal action against the Public Officers' Welfare Council.

.....  
Date

.....  
Signature of Applicant

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*For office use only*

Amount Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_