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:

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<th>AGE</th>
<th>NON-VEG</th>
<th>VEG</th>
<th>AMOUNT (Rs)</th>
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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

For office use only

Amount Paid .......................... Receipt No. ..........................