Tour to India

Participation Form

Saturday 18 to Thursday 30 November 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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NOTE
(i) Original passport and Tourist Visa should be produced for check-in at the Airport.
(ii) Participants should make their own Visa arrangements with the High Commission of India.
(iii) Participants should make their own arrangements for vaccination before departure.
(iv) Participants are recommended to make their own arrangements for travel insurance.
(v) Participants, who are under medical supervision or who are on special drugs should submit relevant details to the organizers.
(vi) The costs of any additional service/items, including beverages, not included in this package will have to be met by the participant.
(vii) Participants will bear responsibility of any mishap caused by themselves or accompanied members of their family during the tour.
(viii) 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 India 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.