

Manimahesh Pilgrimage Registration Form 2024

Personal Details

Name*	
Father/Husband Name*	
Date of Birth * (dd-mm-yyyy)	
Mobile No.*	

Gender*

Select Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Trans
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Nationality

Nationality	<input type="checkbox"/>	Indian
State*		
District*		
Address*		
Reporting Date at Base Camp* (dd-mm-yyyy)		
Name of Emergency contact*		
Contact No. in case of Emergency.*		

Blood Group

Select Blood Group	<input type="checkbox"/>	A+	<input type="checkbox"/>	A-	<input type="checkbox"/>	B+	<input type="checkbox"/>	B-
Email								

Identification

ID Type*	<input type="checkbox"/>	Aadhar	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Voter ID
ID Number*								
Photo ID (Max size 2Mb) (Format: jpg, png, jpeg, pdf)								
Medical certificate (Max size 2Mb) (Format: jpg, png, jpeg, pdf)								

Donation

Do you wish to donate for the yatra?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Additional persons accompanying?				
Answer to the addition problem.				

Declaration

I hereby confirm that all information provided above is correct to the best of my knowledge.

Signature of Pilgrim:	
Signature of Authority:	
Date:	