

APPLICATION FROM PILGRIMS FOR HOLY LAND VISIT.

1. Name of the applicant :

a) Age :

b) Date of birth :

2. Proof that the applicant is a Bonafide Christian -
(Attach MRO's Certificate or School Certificate or Baptism Certificate.)

3. Address for Correspondence :
(e-mail I.D. _____ Mobile No. _____).

4. Passport Details :

a) Name (as recorded in passport) :

b) Number :

c) Valid till :

d) Pass port issued from :
(name of the passport office)

5. Name of the Spouse: (if accompanying)

a) Age :

b) Possessing a passport – Yes / No

6. Certificate from a Doctor or self certification that applicant is medically fit to undertake the tour to be enclosed along with D.D. after intimation of tour is received by the applicant:

7. Are you willing to take the tour as scheduled by the Department (slot). (Any period which is not convenient to you, you may like to indicate. We will try to accommodate your request) **(Yes/No.)**
If No, indicate which month is not suitable

8. Your willingness to pay to tour operator the balance amount and all required papers at least two months in advance as and when called for by tour operator. Willing / Not willing. **(Yes/No.)**

Place:

Date :

Signature of the applicant