

# **GOVERNMENT OF JAMMU AND KASHMIR**

## Patnitop Development Authority

Kud, District Udhampur (J&K) Tele-fax: 01992-288146, 288129 email: patnitopdevelopmentauthority@gmail.com



#### **PUBLIC NOTICE**

Patnitop Development Authority in collaboration with Directorate of Tourism Jammu is organizing a One Day Trekking Expendition 22.04.2023 from Sanasar to Sankhpal. The desirous person (male/femate) shall apply through online/offline mode as per prescribed application form enclosed as Annexure "A" by or before 20.04.2023. The offline Application Form shall be submitted in the office of Chief Executive Officer, Patnitop Development Authority, Kud District Udhampur. The online Application Form along with all documents in PDF Format shall be submitted on E-Mail ID requisite patnitopdevelopmentauthority@gmail.com.

### IMPORTANT INSTRUCTIONS

- 1. The offline application form shall also be collected from the office of Chief Executive Officer, Patnitop Development Authority, Kud, District Udhampur.
- 2. The online application form together with instruction for filling up application form, will be available at the websites of Patnitop Development Authority (<u>www.patnitop.nic.in</u>)
- 3. The desirous persons are advised to go through the instruction and all the eligibility condition prescribed for the trekking before filling the online application form.
- 4. Last date of filling of application form completes in all respect along with Application Fee of Rs.500/- (Non reffundabe) is 20.04.2023.
- 5. For Online applications, the fee shall be desposited in the form of Demand Draft/RTGS/IMPS in favour of Accounts Officer, Patnitop Development Authority, Kud A/C No. 0827040500000001, J&K Bank, Kud, IFSC Code JAKA0KUDJAM.
- 6. The selection of the candidate(s) shall be made by the authority on the basis of random slection, in case, the number of applications cross the desired limit.
- 7. The selected candidates shall be informed telephonically/email, by or before
- 8. The selected candidates have to reach Sanasar on 22.04.2022 by 8.00 AM. No transport (To & Fro) shall be provided by the department.
- 9. Date of trekking expedition can be re-scheduled in case of adverse weather condition.

# **DOCUMENTS REQUIRED & TO BE ENCLOSED WITH THE APPLICATION FORM**

- 1. Medical Fitness Certificate from Competent Medical Authority for high altitude trekking.
- Character Certificate from Police (SHO concerned).
- Aadhar Card.
- 4. Covid Negative Report.
- Self-Declaration/Indemnity Form.
- 6. Receipt of fee deposited.

Chief Executive Officer,

Dated: 15/4/2023

No: PDA/Adm-560/56



Contact Number: \_\_\_\_

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#### **Self-Declaration & Indemnity Form**

- 1. In recognition of the inherent risks of the acitivity or tour in which I will engage, I confirm that I am physically and mentally capable of participating in the activity. My participation is voluntary and I will assume responsibility for personal injury, accidents, illness and damage to or loss of personal property as the result of any incident or accident that may occur.
- 2. If my behavior during the event is likely to cause distress or harm to me or to any other fellow trekker, the organizing authority reserves the right to terminate my tour at any time.
- 3. I am aware that participating in adventure sports like trekking has some inherent risks of illness, injury or death. This may be a result of the negligence of others, muselfy, forces of nature or other agencies khnown or unknown. Rescue and medical services may not be able to reach me in time.
- 4. I hereby authorize any medical treatment deemed necessary in the event of any emergency injury or mishap.
- 5. I recognize that as the provider of services, Organizing Authority eill operate under a convenant of good faith and fair dealing, but that it may be necessary to terminate any event or adventure excursion due to forces of nature, medical necessities or other resons. I accept their right to take such actions for the safety of all participants including me.
- 6. I understand that thought precautions will be taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against illness, injury and/or accident, and that there are grave and unpredictable elements of risk in any adventure, sport or activity associated with the outdoors.

7. I agree that any film or photographs of me as a participant becomes the property of Organizing Authority and may be used for promotional and commercial purposes.

IS/0,D/0	
Contact Number	hereby o
that I have read the above from carefully and understand the same.	
Participant's Signature:	
Parent/Spouse/Guardian's Signature:	
Date:	
Place:	
In Case of Emergency	
Contact Name:Relation with Participant:	_
Contact Address:	_



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Annexure-"A"

### **APPLICATION FORM**

1.	Name		
2.	S/O, D/O, W/O	Affix Recent Passport	
3.	Address: (A) Permanent	Photograph (Self Attested)	
	Tehsil District		
	(B) Present		
	Tehsil District		
4.	Contact NumberAlternate NoEmail Id:		
5.	Date of Birth		
6.	Profession		
7.	HeightWeightBlood Group		
8.	Health Condition (If you suffred from any disease, please specify)		
I hereby declare that the information given by me is ture to the best of my knowledge and belief.			
Dat	te: Signature of Ap	plicant	
<i>-</i> a	LE, Signature of Ap	L	