

REGISTRATION FORM FOR MANIMAHESH YATRA

After filling in the details to be submitted at
Kalsuine (15 km from Chamba) or Harsar (12 km from Bharmour)
(To be filled by Manimahesh Temple Trust Staff)

Registration Number _____

Date ___ / ___ / _____

Vehicle Number _____ Vehicle Type _____

S.No.	Name	Father/Husband Name	Landline/ Mobile Number	Gender (M/F)	Age (in yrs)	Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Male	Female	Children	Total Pilgrims

(Signature of Group Leader)

Name :- _____

Contact Number :- _____

Town/Village :- _____

District :- _____

State :- _____

Emergency Contact Number of Home :- _____