



To, The Director, **Max Holidays India Pvt. Ltd.** 301, HB Twin Tower, Netaji Subhas Place, New Delhi 110034, India Phone: 011 42654565

Sub: 2025 Kailash Mansarovar Tour Booking Application (Indians Travellers)

I have checked your tour packages and other details regarding travel to Mt. Kailash & Lake Mansarovar pilgrimage tour and have also thoroughly reviewed your Booking, Payment, Cancellation & Refund Policy mentioned in the documents shared with me by your office and also posted on your website <a href="www.kailash-yatra.org">www.kailash-yatra.org</a>. Under all those conditions & circumstances I wish to apply for my participation in one of your Kailash Mansarovar group tours scheduled for 2025. I am furnishing details and travel booking requirements, herein under:

### (FOR OFFICE USE ONLY)

#### **Booking Reference No.**

(This code will be your unique booking reference ID with Max Holidays for all financial transactions, receipts & invoice)

#### TRAVELLER'S PHOTO HERE

Affix latest coloured passport sized photograph for China Visa and travel permits.

Photo size: 48mm x 33mm width of head: 15mm to 22mm, height of head: 28mm to 33mm-----

While sending photos with the form, please write your name on the back side of the photo

## <u>Traveler's particulars:</u>

PIN :	• • • • • • • • • • • • • • • • • • • •
Data Manth Van	• • • • • • • • • • • • • • • • • • • •
on passport): Mate / Month / Mate (as on 30 Sep'2025):	yrs.
sion: Are you a medical doctor?	• • • • • • • • • • • • • • • • • • • •
kg, <b>Blood Group</b> :(O+, A+, B+, AB+, O-, A-, B-	-, AB-)
, Place of issue :	
Passport expiry date:/	ir
PAN Card no.:	
Phone/Mobile no.	•••••
Facebook page (Optional)  YouTube channel (Optional)	•••••
Date of Application Place (City)	
	Phone/Mobile no.  Facebook page (Optional)  Date / Month / Year





y one of your choice)	
09 Days Heli Kailash Yatra from Lucknow	
her :	
(Date is subject to change based on Tibet permit/visa)	
Payment Details: (Pay through Bank Transfers, UPI & Cash deposits. Credit Card payments attract 3.5% surcharge	
Payment Date :Date / /	
t Ref. no. :	
your of Max Holidays India Pvt. Ltd., New Delhi only. of booking p date <i>or</i> at the time of permit <i>(whichever is earlier)</i>	
the traveller is partially refundable. After making the e China group visa for Indian travellers, if the traveller ding but not limited to, unavailability of visa to visit ntry permission by the concerned Chinese authorities reason and/or any other 'Force Majeure' condition / ebiting an amount of INR 5,000 per head +18% GST, ng & cancellation process. However, after Indians to visit Kailash Mansarovar, the following	
GST will be charged by the Company I be charged by the Company e charged by the Company	
s terms, Company's fee & charges, tour booking tc. you must not book this trip with us.	
information given by me above and in other travel and belief and nothing has been concealed therein. It is tourism infrastructure in the areas of my travel, ing my pilgrimage at my own volition, cost, risk and y payments to Max Holidays for my travel bookings ult cancellation of my bookings and all money paid and understood Company's other 'Booking, booking-policy.html) and other 'Terms of Services' em all, without any amendments or condition.	

### **UNDERTAKING**

# UNDERTAKING BY THE YATRI FOR EXTRA EXPENSE & EMERGENCY EVACUATION

NAME OF THE YATRI:	
FATHER'S NAME:	
DATE OF BIRTH: / /	OCCUPATION:
ADDRESS:	
PIN:	, CITY: STATE:
HOME CONTACT NO.:	, MOBILE NO.
PASSPORT NO.:	PLACE OF ISSUE:
DATE OF ISSUE: / /	DATE OF EXPIRY: /
NEXT OF KIN TO BE INFORMED IN	CASE OF EMERCENCY
NAME:	, CONTACT NO.:
Kailash & Lake Manasarovar tour (Kailash trekking expedition in Tibet, Republic of O extreme inhospitable conditions, under lace person / property of the traveller. I have be about the challenges faced by yatris on this	
in the inclusions of my group tour package responsibility to pay for my emergency me the concerned authorities, airline, doctors,	lity for all extra expenses for services/items not mentioned e provided by Max Holidays. I also accept my complete edical treatment including evacuation during the Yatra to hospitals and/or the international counterparts of Max es. I completely understand that emergency medical air if the need so arises during the yatra.
I further undertake that without prejudice to subject to the Jurisdiction of Courts in New	to the foregoing, all claims, disputes, differences shall be w Delhi only.
(Full name in Block Letter)	(SIGNATURE OF YATRI)
DATE: /	PLACE: