

SKYLINK TRAVEL & TOURS LTD

(ATOL 9839)

York House, Empire Way, Wembley, Middlesex – HA9 0PA. UK

Tel: 020 8902 3007 Fax: 020 8902 3011

Email: info@skylinkworld.co.uk Website: www.skylinkworld.co.uk

Date :

Booking Form

Kailash Mansarovar Yatra - 2012

(Please write in CAPITAL letters)

Title: _____ First Name: _____ Middle Name: _____ Last Name: _____

D.O. B: _____ Nationality: _____

Address: _____

Town: _____ County: _____ Post Code: _____

Tel No.: _____ Work Tel No.: _____

Mobile: _____ Email: _____

Occupation: _____

Next to Kin Name: _____ Relation _____ Contact No: _____

Yatra Interested: Kailash Mansarovar with Muktinath – 23 Days Kailash Mansarovar with Lhasa and
 Kailash Mansarovar Yatra – 18 Days Mount Everest Base Camp – 22 Days
 Kailash Mansarovar by Helicopter – 13 Days Kailash Mansarovar with Muktinath,
 Kailash Mansarovar (Inner Kora) – 27 Days Valmiki Ashram, Chitwan, Janakpur,
 Pashupatinath, Muktinath Gosai Kund and Damodar Kund – 26 days
& Janakpur Darshan – 10 Days Kailash Mansarovar with Muktinath,
Chitwan & Valmiki Ashram – 25 Days

No. Of Adults: _____ Departure Date: _____ Return Date: _____

Domestic Flight Requirements: _____

Room Required: Single Twin Double Triple

Room Type: Non-smoking Smoking Meal Request: Veg. Jain

Passport Type: British Indian Other _____

Indian Visa Require: Yes No

Special Requirements: _____

Document Required: 1) Colour Copy of Passport 2) Recent Passport size colour photograph
3) Copy of Travel Insurance

Date: _____

Signature: _____

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Health Questionnaire

Date :

(This form need NOT to be filled or verified by GP)

1. Diabetic : Yes No

If yes, more information _____

2. Blood Pressure: Yes No

If yes, more information _____

3. Heart Problem: Yes No

If yes, more information _____

4. Asthmatic: Yes No

If yes, more information _____

5. Arthritis: Yes No

If yes, more information _____

6. Knee Replacement: Yes No

If yes, more information _____

7. Any other health problem: _____

8. Any regular medication: _____

Disclaimer: This questionnaire is for the purpose of information only.

This is passenger's responsibility to provide us correct medical condition information.

Date: _____

Signature: _____