

**FORM-A**

**FORM FOR APPLICATION BY TOUR / TREK / EXPEDITION OPERATOR  
FOR PERMISSION TO UNDERTAKE MOUNTAINEERING EXPEDITION /  
ALPINE EXPEDITION/TREKKING EXPEDITION \* IN SIKKIM**

- Name of the Peak :
- Height :
- Name of the Tour Operator with Full Address & Contact Number :
  
- Tourism Registration No :
- Name of the Proprietor :
  
- Date & Period of Expedition :
  
- Proposed trekking & Climbing route :
  
- Name of the Group leader :
- Number of Expedition Members :
  
- Number of Expedition support team :
  
- Name and Nationality of the leader of Expedition :
  
- Date of Submission of Application :
  
- Past experience :

**Document check list:**

1. Personal particular of all the foreigners in Form B with photograph.
2. Tour itinerary & Route Map
3. Photocopy of passport/Proof of Indian Citizenship.
4. Photocopy of Visa, if not applicable.
5. Summary of personal particular of foreigners with other detail.

**Declaration:**

1. It is hereby certified that the information provided is true to the best of our knowledge.
2. We agree to abide by all the terms and conditions laid down by the State Government for undertaking proposed expedition.
3. We agree to abide by all the environment code of conduct.

**DATE:**

**Name, Seal, Signature &**

**Designation:**

**FORM-B****Photo****PERSONAL PARTICULAR FORM OF APPLICANT**

01	Name of the applicant (in CAPITAL) letter	
02	Father's/Husband's Name	
03	Place (town & country) & Date of Birth	
04	Nationality	1. Present: 2. Past:
05	Occupation (with address of the place of work, if employed)	
06	Mailing Address	
07	Permanent Address	
08	References: a) in Sikkim b) in the country of applicant	
09	(i) Passport Details (enclose photocopy) (ii) Proof of Indian Citizenship, if Indian (enclose photocopy)	
10	Details of Visa for India, if obtained (enclose photocopy)	
11	Places proposed to be visited	
12	Route intended to be followed	
13	Likely date & duration of visit	
14	Agency organizing expedition	
15	Details of previous visit to Sikkim	
16	Have you previously visited any restricted/protected area in Sikkim, if so give details	
17	Has any earlier request for permit been refused, if so give details	
18	Insurance Policy No.	
19	Past Mt. Expedition, experience	

The information given above is correct and complete to the best of my knowledge.

Date :

***Signature of the Applicant***



## IDENTITY BOND

I \_\_\_\_\_ resident of

\_\_\_\_\_

\_\_\_\_\_

\_\_S/O, W/O, /

D/O, \_\_\_\_\_

Hereby agree to take part as Climbing member / Supporter in the mountaineering expedition to Mt. \_\_\_\_\_ in North / West district of Sikkim, organized and arranged by \_\_\_\_\_.

I further agree that I shall abide by all the rules and regulation of the government during the expedition period which include cancellation my participation if found guilty of rules & regulations and breech of discipline. Further, I declare that I am participating in my own risk and shall not hold the Department of Tourism, Government of Sikkim responsible for any mishaps leading to injury and death during the expedition.

Date

Signature of the Expedition Member

## MEDICAL FITNESS CERTIFICATE

Certified that, I have personally checked the health of  
.....  
.....and confirm that he / she is medically FIT /  
UNFIT, to undertake this mountaineering expedition in  
North / South District of Sikkim.

Name, Signature & Seal of the Medical Officer  
Date :-  
Place :

Signature of the applicant  
(Medical Certificate must be enclosed with the application)