

# REGISTRATION FORM

First name(s) and SURNAME as stated in your passport : .....

Nationality: .....

Date of birth: ..... Sex : .....

PASSPORT number: .....

PASSPORT issue date: ..... . PASSPORT expiry date: .....

VISA number: ..... *(leave blank, to be added on date of departure)*

VISA issue date: ..... VISA expiry date: .....

Home phone number: .....

Mobile phone number: .....

Email address: .....

Details of two people to be contacted in an emergency (relationship, phone numbers, email addresses):

1) .....

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2) .....

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Have you previously visited India or other developing countries? If so, which countries?

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Have you had health problems when travelling abroad? If so, please provide details

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Do you have any chronic health problems? If so, please provide details

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If you have answered 'Yes' to the last two questions but do not wish to give details of your state of health, please provide the address of your doctor so that Indian doctors can contact him or her if you have a serious health problem.

Your doctor's contact details (name and phone number)

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