**GOVERNMENT OF INDIA**

**MINISTRY OF EXTERNAL AFFAIRS**

**NEW DELHI**

**APPLICATION FORM FOR PRAVASI TEERTH DARSHAN YOJANA (PTDY)**

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| **Note: Candidates are requested to attach all required documents such as Passport Copy, International Medical and Travel Insurance Policy, PIO/OCI/Annexure-C, Passport Size Colored Photograph & other relevant documents with this Application before forwarding the same to the Indian Missions/Posts concerned.**Attach Recent Passport size photo |
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**A. PERSONAL DETAILS**

(i) Complete Name (as in Passport in **BLOCK** letters)

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 Last Name First Name Middle Name

(ii) Gender : Male/Female

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(iii) Date of Birth:

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 (iv) Place of Birth

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 (v) Nationality

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(vi) Place of Residence

 (vii) Passport

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 Place of issue:

 (City) (Country)

 Date of issue:

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Date of Expiry:

(viii) Telephone Number:

 (with country and city code)

 Work

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Residence

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 Mobile/Cell

**(1)**

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ix) Complete mailing address with ZIP Code: ­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (x) Permanent home address with ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (xi) Your relatives or your parents place of origin in India: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Proof of Indian Origin**

Hold PIO/OCI Card -Yes/No

PIO Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCI Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_Date of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write details of PIO or OCI Card of your Mother/Father/Grandfather\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PIO/OCI Card holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Occupation/Employment:-**

**H. International Medical and Travel Insurance Policy**

 Policy No. –

 Name of the insurance company –

 Valid from (Date) –

 Valid until –

 Nominee Name For Insurance Purpose –

 Relationship Of Nominee With The Participant –

 Nominee Contact Number –

 **I.**  **Meal Preference (Veg/ Without Onion Garlic):**

**(2)**

**J. Whether Have Undergone Knee Surgery Or Open Heart Surgery In The Past:**

**K. Whether Diabetic: YES / NO**

**L. Any Other Ailment/Disease Please Specify:**

**M. Whether Travelling Alone: YES / NO**

**N. Details Of Other Family Member/Friends Travelling Together With You:**

**(3)**

**Annexure-A**

**UNDERTAKING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that all the information given in this application form is true and correct to the best of my information and belief.

I also declare that I will abide by the rules & regulations of the **Pravasi Teerth Darshan Yojana (PTDY)**, would offer my full cooperation in its smooth conduct, and would not leave it mid-way.

I understand that if I am found guilty of any misconduct or indiscipline during the course of the programme, I could be refused any further participation in the said programme and that I would not be eligible for reimbursement of the 90% of the return international airfare from my country of residence to India. The said reimbursement of 90% of the international airfare would also not be made to me if I leave the programme mid-way.

(Signature of the applicant)

Date:

Place:

**(4)**

**Annexure-B**

**DECLARATION**

(For applicants who do not possess any documentary evidence of Indian Origin)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (complete name) born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of birth), daughter/son of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Complete name) do hereby state that I am of Indian origin because of the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Complete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_

 Countersigned and stamped by

 Head of Indian Mission or DCM/DHC/DCG

 Complete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Seal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_

**(5)**

**Annexure-C**

**COMMENTS OF THE CONCERNED INDIAN MISSION/POST**

Name of Indian Mission/Post:

Recommendations of the Head of Mission/Post:

 Signature of HOM/HOP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of the HOM/HOP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Seal

**(6)**