



VAN VIHAR – JOURNEY TO HIMALAYA PROGRAM **OFFICE USE ONLY**

SENDING ORGANIZATION: \_\_\_\_\_

ASSIGNING ORGANIZATION: \_\_\_\_\_

DATES: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

VISHVET COORDINATOR: \_\_\_\_\_ TEL.: \_\_\_\_\_

APPLICATION RECEIVED DATE: \_\_\_\_\_ PERMANENT ID: \_\_\_\_\_

**“JOURNEY TO HIMALAYA” – An adventurous cultural exchange program**  
**Participant Application Form**  
 (Please type or write neatly using black/blue ink)

**1. GENERAL INFORMATION**

FULL NAME: \_\_\_\_\_ CLASS & BOARD OF STUDY: \_\_\_\_\_

MALE  FEMALE  STREET ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE (COUNTRY & CITY CODE): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ CITY & COUNTRY OF BIRTH \_\_\_\_\_  
Day Month Year

SCHOOL/COLLEGE/WORK PLACE NAME & ADDRESS: \_\_\_\_\_

PASSPORT NUMBER & COUNTRY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SOCIAL NETWORK ID (FACEBOOK, TWITTER, LINKED IN ETC.) \_\_\_\_\_

HAVE YOU PARTICIPATED IN ANY EXCHANGE PROGRAM BEFORE? YES [ ] NO [ ]  
 IF YES WHERE AND WHEN?

**2. EMERGENCY CONTACT INFORMATION DURING PROGRAM DATES**

NAME & RELATION: \_\_\_\_\_ TELEPHONE/ FAX (CITY CODE): \_\_\_\_\_

**3. FAMILY INFORMATION**

FATHER'S NAME (OR HUSBAND'S NAME)	MOTHER'S NAME (OR WIFE'S NAME)
NAME: _____	NAME: _____
MOBILE: _____	MOBILE: _____
OCCUPATION: _____	OCCUPATION: _____
WORK TELEPHONE: _____	WORK TELEPHONE: _____
PAN NUMBER _____	PAN NUMBER _____
NAME AND AGE OF BROTHERS (SON IN CASE YOU ARE MARRIED):	
NAME AND AGE OF SISTERS (DAUGHTER IN CASE YOU ARE MARRIED):	

#### 4. PERMISSION FOR MEDICAL CARE AND RELEASE

I/ We, the undersigned, authorize Vishvet Foundation and its representatives and host family to consent to any X-ray examinations, anesthesia, medical, or surgical diagnosis rendered under the general supervision of medical staff and emergency room staff, licensed under the provision of the Medicine Practice Act, or a dentist, licensed under the provisions of the Dental Practice Act. This authorization is given to provide authority and power on the part of our aforesaid agents to give consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, dentist, or surgeon in the exercise of his/her best judgment, may deem advisable. *For participants under 18, the signature of a parent or legal guardian is required.* \*

Participant name \_\_\_\_\_  
 Name of family doctor \_\_\_\_\_ Doctor's Mobile No. \_\_\_\_\_  
 Name of medical insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
 Validity of Policy: From \_\_\_\_\_ Valid Up to \_\_\_\_\_  
 Check if you have had: Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_  
 Currently taking medication Y/N  
 Medication \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Medication \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Allergies to food or drugs: \_\_\_\_\_  
 Have you ever required any special treatment for drug addiction or any medical or psychological disorders? Y/N  
 Reason: \_\_\_\_\_  
 Health:  Good  Fair  Comments – use separate sheet of paper  
**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### 5. PARTICIPANT PROFILE:

List below the three activities, hobbies, or sports in which you spend most of your free time. Explain what you do, why you enjoy it, and how much time you devote to it.

- 1.
- 2.
- 3.

Put a check (or change the font color) in the boxes of the things you like to do:

- |                                     |   |  |   |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> Aerobics   | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Volleyball          | <input type="checkbox"/> Movies                       |
| <input type="checkbox"/> Badminton  | <input type="checkbox"/> Golf             | <input type="checkbox"/> Water-skiing        | <input type="checkbox"/> Cooking                      |
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Tennis           | <input type="checkbox"/> Ballet              | <input type="checkbox"/> Sewing                       |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Track & Field    | <input type="checkbox"/> Drawing or Painting | <input type="checkbox"/> Visiting Museums             |
| <input type="checkbox"/> Bicycling  | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Photography         | <input type="checkbox"/> Visiting Historic Sites      |
| <input type="checkbox"/> Bowling    | <input type="checkbox"/> Roller Skating   | <input type="checkbox"/> Reading             | <input type="checkbox"/> Listening to Classical Music |
| <input type="checkbox"/> Camping    | <input type="checkbox"/> Sailing          | <input type="checkbox"/> Games & Cards       | <input type="checkbox"/> Playing instruments          |
| <input type="checkbox"/> Soccer     | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Computers           | <input type="checkbox"/> Others: _____                |

How would you rate your English ability?  Beginner  Intermediate  Advanced

**Put at least three ticks on the activities which you would like to demonstrate during the program:**

Your culture\_\_\_\_, Your language\_\_\_\_, Your history\_\_\_\_, Your Dance\_\_\_\_, Your music\_\_\_\_, Your art\_\_\_\_, Historical places in Your City\_\_\_\_, Your school education system\_\_\_\_, Your Country's Political System\_\_\_\_, Your states customs and religion\_\_\_\_, Other\_\_\_\_

Your mother tongue: \_\_\_\_\_ Language of study in school: \_\_\_\_\_

Years you have studied English: \_\_\_\_\_ Other foreign languages studied \_\_\_\_\_

What responsibilities do you have at home? \_\_\_\_\_

Do you have any allergies to pets? \_\_\_\_\_

Do you smoke? Y/N (Please note that you cannot smoke during the duration of the Group Program)

## 6. DAY WISE ACTIVITIES:

Day	Activity
Day 1 Depart from Ahmedabad	Departure from Ahmedabad Railway Station – Second class Sleeper up to Delhi.
Day 2	Reached at Delhi Railway station Take Bus from Delhi to Manali at night.
Day 3 <b>Visit around Manali</b>	Received by local team and transfer to campsite. After breakfast trek to old Manali, Hadimba temple, shiva temple and evening explore the town. Visit to local school at Manali town and interact with students. Some <b>Cultural exchange programs</b> . Overnight at camp
Day 4 <b>Rock climbing and rappelling</b>	Natural or Free climbing and Artificial climbing <b>Rappelling</b> : When the rock face is difficult to climb down due to steepness , wetness or some other reason , rappelling is the best way to climb down . <b>After Lunch</b> <b>River crossing</b> ( Tyrolean traverse technique) While trekking in mountain , one have to cross several stream , To cross these streams one should have good knowledge that how to cross the mountain stream ? Evening Burma bridge activities for increasing self confidence and become brave. After dinner camp fire. Social Meeting with local people to understand cultural diversification from us.
Day 5 <b>Trek to Jogni fall and Vashisht. (Pack lunch)</b>	Day hike of Jogni Fall through some Villages and green fields and Pine forests spend some time at Jogni Fall and later walk down till to vashisht village. This is famous for hot water sulphar and visit vashist temple of saint (vashist rishi) and lord Rama, one can have dip in hot sulphar water which is recommended for skin diseases, after walk back through Bahang via Goshal village to camp site. Overnight at camp. <b>Visit to houses at local residents of Manali.</b>
Day 6 <b>Manali to Shivling point via Solang. (Pack lunch)</b>	Explore village life. The trek today will go through several villages, apple orchards and cultivated fields. You will visit Hindu temples and see ancient architecture. Reach Solang Valley, winter skis resort as well as summer paradise, and after 2 km walk to shivling point and afternoon same way come back to camp site, overnight at camp.
Day 7 <b>Trek to Top camp (Moridugah-2800mtr.) (5hrs)</b>	After an early breakfast you leave for Top Camp (Moridugah). The trek gives a panoramic view of Manali valley. All the famous peaks of Kullu Himalaya--- Indrasan, DeoTibba, Hanuman Tibba, Makerbeh, Shikarbeh, Shitidhar, Friendship Peak, Khand Pari and Ladakhi put on show themselves around you. An excellent trek for photography. Night in camp (Jungle Camp) <b>An Orientation about ecology and wildlife at Mountain by experts.</b>
Day 8 <b>Trek to snow line (1hrs) and Vashisht (3hrs)</b>	After breakfast walk to snow point for snow activities, Lunch at camp and back Journey for Manali. Descend down to village Vashisht down in the valley. Night in camp. <b>We will play at snow point and craft the things like snowman by ice.</b>
Day 9 Depart from Manali	Say Good Bye to all other campers, management, Guides and cooks. <b>Need to take care of our belongings back in our bags and clean the campsite for next campers.</b> After lunch departure to bus stand.

Day 10	Reach at Delhi Visit to capital of India. (Depends on Train time schedule)
Day 11	Arrival at Ahmedabad Railway station

## 7. ITEMS TO BE CARRIED:

01. Warm cloths (sweater, Jacket, wind/water proof tracksuit, 6 pair socks, cap, trekking shoes, Gloves)
  02. Sleepers/water proof footwear
  03. Sun Glass, P Cap, water bottle, Pen/pencil, notebook/diary, Rain coat
  04. First Aid kit (powder for dehydration, medicine for cold & cough, glucose, vicks, dettol, cotton, vomit bag etc.), your medicinal course of Ayurveda, Homeopathy or Allopath
  05. Sun cream, Odomos for Mosquito
  06. Long sleeve T - Shirt and Jeans pants (5-6 pairs), half pant, night dress, under garments
  07. Dry snacks, chocolate, toffee, paper dish, steel glass, spoon & plate
  08. Video Camera / Camera, Torch, Earplug with music system
  09. Extra batteries for torch and camera
  10. Toiletries (Shampoo, toothbrush & toothpaste, deodorant, soap for bath and cloth, tissue paper, toilet paper, towel)
  11. Bed sheet, air pillow, Shawl, safety pin, needle & thread
  12. Extra Bag pack for trekking
  13. Playing articles like play cards, housie, chess, ball, rope etc.
- Note:** All above items are not compulsory to carry but all are essentials. Carry minimum articles in small bag with light weight not more than two luggage to be carried.

## CONDITIONS OF PARTICIPATION

VISHVET FOUNDATION expects that all the “**Journey to Himalaya**” Program participants will follow the program rules listed below. Each participant agrees to abide by these conditions by signing below. VISHVET FOUNDATION requires the signature of a parent or guardian for all participants under the age of 18.

1. VISHVET FOUNDATION participants must obey all national, state, and local laws at all time, as well as the rules of VISHVET FOUNDATION, the host organization and their state. The breaking of any law or rule can result in dismissal from the program.
2. Smoking and alcoholic beverages and Chewing gum & Tobacco are prohibited for anyone during the program.
3. The use of non-prescription drugs is strictly forbidden, except for items sold in drugstores or pharmacies, such as aspirin and cold capsules.
4. Group Participants under 18 absolutely may NOT drive while on the program. Participants who are of legal age are responsible for his/her insurance.
5. Phone calls as well as e-mail messages to family and friends will be limited as per instructions.
6. During the program, participants under 18 have permission only to travel with local coordinator or with other adult-supervisor school or community groups. Any other travel for such participants, whether alone, with peers, or with other participants, is permitted only with prior approval from the Vishvet Foundation local coordinator, and then only after complete itineraries, including names and addresses of people to be visited, have been submitted as part of the travel request.
7. VISHVET FOUNDATION does not allow natural parents, family members, or friends to visit participants while on the program. Only in case of any emergency the visit would be allowed.
8. VISHVET FOUNDATION does not discriminate against race, nationality, creed, or religion. All other participants, host organization staff & local coordinator should be treated with respect.
9. Participants must obey the rules established by the host organization concerning curfew, household chores, etc, and must adapt to the living place/hostel/paying guest circumstances regarding use of bathrooms and time schedules.
10. Participants who visit school and other institute as part of their program are required to respect all institute rules and to demonstrate a positive, cooperative attitude.
11. Participants are required to maintain respectful behavior on any organized outing or field trip, and, in circumstances where there is free time, will adhere to the meeting points and times established by the local coordinator.
12. VISHVET FOUNDATION students must try their very best to integrate into the program with the understanding that there are going to be major differences between your life style and those in other state of India. **Be in discipline by following rules of not throwing rubbish at camp site and on the way in mountain. Bring extra bag for throwing wastage/rubbish. It is our duty to protect environment free from polythene and other non recyclable products.**
13. **Program fee and refund Policy:**  
Program fee will not be refunded back in case student/participant withdraws his/her name due to any circumstances.

**NO OBJECTION FROM PARENTS**

We, Mr. \_\_\_\_\_ (**Father**) and Mrs. \_\_\_\_\_ (**Mother**), parents of Mr./Ms. (**Participant**) have **No Objection** of allowing our said son/daughter to participate in Journey to Himalaya program accompanied by Vishvet Foundation Coordinator with School teacher who are known to us. The travel is scheduled from \_\_\_\_\_ to \_\_\_\_\_ at Manali, Himachal Pradesh, India.

**LIABILITY RELEASE AGREEMENT**

As a participant in the VISHVET FOUNDATION program, we understand the limitations VISHVET FOUNDATION faces in dealing with outside companies such as airlines, Railways, Buses etc. We will not hold VISHVET FOUNDATION responsible for any delays, sickness and other such circumstances and renounce any claims against VISHVET FOUNDATION and its representatives that may arise from circumstances outside of VISHVET FOUNDATION's direct control.

**SIGNATURES OF AGREEMENT**

I, the undersigned, confirm that I have read and agree to abide by the conditions above. There is no reason – pre-existing health condition, emotional or behavioral problems, etc. – why I should not be able to participate in the program. I also confirm that I have not been convicted of any felony and that falsifying or withholding of any information on the application could result in program dismissal. By signing below, I also authorize VISHVET FOUNDATION and its affiliates to use any photographs accompanying this application or any photographs taken while participating on a VISHVET FOUNDATION program for promotion or publicity.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_