ସଂଲଗ୍ନ- କ :ସମ୍ମତି ଫର୍ମ

ଶ୍ରୀ ଜଗନ୍ନାଥ ଦର୍ଶନ ଯୋଜନା

ମୁଁ ଶ୍ରୀ/ ଶ୍ରୀମତୀ _____,

ଗ୍ରା_____, ଗ୍ରା ପ/ ନଗରପାଳିକା_____,

ବ୍ଲକ,_____ , ଜିଲ୍ଲା_____, ଓଡିଶା,

ନିମ୍ନ ଲିଖିତ ତଥ୍ୟ ପ୍ରଦାନ କରୁଛି ଯେ:-

- ମୋତେ ଶ୍ରୀ ଜଗନ୍ନାଥ ଦର୍ଶନ ଯୋଜନା ର ଉଦ୍ଦେଶ୍ୟ, ସୁବିଧା, ସର୍ତ୍ତାବଳୀ ଏବଂ ଯାତ୍ରା ବ୍ୟବସ୍ଥା ବିଷୟରେ ଅବଗତ କରାଯାଇଛି ।
- ମୁଁ ନିଶ୍ଚିତ କରୁଛି ଯେ ମୁଁ ଜଣେ ବିଧବା (୭୫ ବର୍ଷରୁ ଅଧିକ ବୟସର ନୁହେଁ) / ୬୦ ରୁ ୭୫ ବର୍ଷ ବୟସର ବରିଷ୍ଠ ନାଗରିକ ।
- ମୁଁ ସମାଜର ଏକ ଆର୍ଥିକ ଦୁର୍ବଳ / ବଞ୍ଚିତ ବର୍ଗର ବ୍ୟକ୍ତି ।
- ମୁଁ ଏହି ଯୋଜନା ଅଧୀନରେ ସ୍ୱେଚ୍ଛାକୃତ ଭାବରେ ପୁରୀର ଶ୍ରୀ ଜଗନ୍ନାଥ ଧାମକୁ ତୀର୍ଥଯାତ୍ରା କରିବାକୁ ଇଚ୍ଛୁକ ।
- ମୁଁ ବୁଝିଅଛି ଯେ ଏହି ଯୋଜନା ଅଧୀନରେ ଚୟନ, ଚୟନ ପ୍ରକ୍ରିୟା, ଲଟେରୀ ଏବଂ ଖାଲୀପଦ ଉପରେ ନିର୍ଭର କରେ ।
- ଯଦି ମୁଁ ଏହି ଯୋଜନା ଅଧୀନରେ ଚୟନ ହୁଏ, କେବଳ ତେବେ ହିଁ ମୋର ବୟସ, ବାସସ୍ଥାନ ଏବଂ ଆର୍ଥିକ ଦୁର୍ବଳତା ପ୍ରମାଣ ପତ୍ର ଗୁଡ଼ିକର ଯାଞ୍ଚ ପାଇଁ ସମ୍ମତି ନିଆ ଯାଇପାରେ ।
- ମୁଁ ଏହି ତୀର୍ଥଯାତ୍ରା ସମୟରେ ସରକାର, OSRTC, ଜିଲ୍ଲା ପ୍ରଶାସନ, ଏସ୍କର୍ଟ ଅଧିକାରୀ ଏବଂ ଅନ୍ୟାନ୍ୟ କର୍ତ୍ତୃପକ୍ଷଙ୍କ ଦ୍ୱାରା ଜାରି ସମସ୍ତ ନିର୍ଦ୍ଦେଶ ଏବଂ ଯାତ୍ରା ପରାମର୍ଶ ପାଳନ କରିବାକୁ ରାଜି ଅଛି ।
- ମୁଁ ବୁଝିଅଛି ଯେ ଯୋଜନା ଅଧୀନରେ ଅଂଶଗ୍ରହଣ ସ୍ୱେଚ୍ଛାକୃତ ଏବଂ ଯଦି ମୁଁ କୌଣସି ପର୍ଯ୍ୟାୟରେ ଡାକ୍ତରୀ ପର୍ଯ୍ୟାୟରେ ଅସୁସ୍ଥ କିମ୍ବା ଅଯୋଗ୍ୟ ବୋଲି ଜଣାପଡ଼େ ତେବେ ମୋତେ ବାଦ ଦିଆଯାଇପାରେ ।

ହିତାଧିକାରୀଙ୍କ ଦସ୍ତଖତ / ବାମ ହାତ ବୃଦ୍ଧାଙ୍ଗୁଳି ର ଟିପ ଚିହ୍ନ: _____

ନାମ:_____

ପିତା/ସ୍ୱାମୀ ନାମ:_____

ତାରିଖ: _____

ସ୍ଥାନ: _____

ସାମାଜିକ ସୁରକ୍ଷା ଭତ୍ତା (ପେନସନ) ପରିଚୟପତ୍ର ନମ୍ବର: _____

ମୋବାଇଲ୍ ନମ୍ବର: _____

ପଞ୍ଚାୟତ କାର୍ଯ୍ୟନିର୍ବାହୀ ଅଧିକାରୀ (PEO)ଙ୍କ ଯାଞ୍ଚ ଦସ୍ତଖତ

ମୁଁ ଉପରୋକ୍ତ ତଥ୍ୟ ଯାଞ୍ଚ କରିଛି ଏବଂ ସଠିକ୍ ବୋଲି ଘୋଷିତ କରୁଅଛି ।

ନାମ: _____

ଗ୍ରା ପ ନାମ:_____ ବ୍ଲକ_____ଜିଲ୍ଲା_____

Annexure-I: CONSENT FORM
Shri Jagannath Darshan Yojana (SJDY)

I, Shri / Smt. _____,

Resident of Village / Ward _____,

Gram Panchayat / Urban Local Body _____,

Block _____ District _____,

State Odisha, hereby state as follows:

1. I have been informed about the objectives, facilities, conditions, and travel arrangements under the Shri Jagannath Darshan Yojana (SJDY).
2. I confirm that I am a widow (of any age not exceeding 75 years) / senior citizen aged between 60 and 75 years.
3. I belong to an economically weaker / deprived section of society.
4. I am willing to undertake the pilgrimage to Shri Jagannath Dham, Puri, voluntarily under this Scheme.
5. I understand that selection under the Scheme is subject to availability of slots and selection through randomisation, wherever applicable.
6. I consent to verification of my age, domicile, and economic vulnerability documents only if I am selected under the Scheme.
7. I agree to comply with all instructions, travel advisories, and directions issued by the Government, OSRTC, District Administration, escort officers, and other authorities during the pilgrimage.
8. I understand that participation under the Scheme is voluntary and that I may be excluded if found medically unfit or ineligible at any stage.

Signature / Thumb Impression of the Beneficiary: _____
Name:_____
Father/ Husband Name:_____
Date: _____
Place: _____
Social Security Pension ID: _____
Mobile Number: _____

Counter Signature of Panchayat Executive Officer (PEO)

I have verified the above facts and found to be correct.

Name: _____

Name of the GP:_____

Block_____District_____

Annexure – II: Declaration / Undertaking by the Pilgrim

I, Mr/ Mrs/Ms _____ (Name), resident of _____, do hereby declare that:

i. I have the requisite fitness to undertake the journey and am not suffering from any chronic or communicable disease.

ii. I am voluntarily undertaking this pilgrimage under the *Shri Jagannath Darshan Yojana (SJDY)* at my own will and risk. I understand that the State Government shall not be responsible for any unforeseen or untoward incident, if any, during the entire duration of the pilgrimage, including travel, stay, and return to my home.

iii. I shall not deviate from the scheduled journey program and will adhere to the Travel Advisory issued by the Department of Tourism and to the instructions of escort officers, support staff, police, temple administration, and other authorities at all times.

iv. I shall maintain good conduct and cordial behaviour with fellow pilgrims, escort officers, support staff, police, temple administration, and room attendants throughout the pilgrimage.

v. I agree to comply with all instructions and safety guidelines issued under the scheme for the smooth conduct of the pilgrimage.

vi. I have no other major disease (such as heart, kidney etc.) for which travelling is prohibited.

Signature / Thumb Impression of the Applicant:

_____

Date: _____

Place: _____

Annexure – III: Health Screening Format at Congregation Point

(To be filled by Authorized Medical Officer prior to departure)

Name of Pilgrim: _____

Age: _____ Gender: _____

Block / GP / ULB: _____

Medical Check-up Summary:

☐ Blood Pressure: _____ / _____ mmHg

☐ Pulse Rate: _____ bpm

☐ Temperature: _____ °C

☐ Oxygen Saturation (SPO_2): _____ %

☐ Any Chronic / Communicable Disease Observed: ☐ Yes ☐ No

If yes, specify: _____

Fitness Assessment:

☐ Fit for travel

☐ Unfit for travel (specify reason): _____

Signature of Medical Officer: _____

Name: _____

Designation: _____

Seal: _____

Date: _____

Annexure – IV: Feedback / Satisfaction Form (Post-Trip)

Name of Pilgrim: _____

District: _____ Block / ULB: _____

Date of Journey: _____

Please rate the following on a scale of 1 (Poor) to 5 (Excellent):

1. Food		2. Transportation		3. Accommodation (if applicable)		4. Darshan	
Excellent		Excellent		Excellent		Excellent	
Good		Good		Good		Good	
Average		Average		Average		Average	
Below Average		Below Average		Below Average		Below Average	
Poor		Poor		Poor		Poor	

Would you recommend this Yatra to others? ☐ Yes ☐ No

Any Suggestions:

Signature / Thumb Impression: _____

Date: _____