Annexure – I

Shri Jagannath Darshan Yojana (SJDY)

Application Form

1. Personal Details

Passport Size Photograph

- Name of Applicant: _____
- Father's / Husband's Name: _____
- Gender: ☐ Male ☐ Female ☐ Other
- Date of Birth (DD/MM/YYYY): _____
  (Age as on date of application: ____ years)
- Category: ☐ SC ☐ ST ☐ SEBC ☐ General ☐ Minority
- Whether Widow (if applicable): ☐ Yes ☐ No

2. Contact Details

- Full Address (with Village / Ward, GP / ULB, Block, District, PIN):
  _____
  _____
  _____
  _____
- Mobile Number: _____
- Emergency Contact No: _____
- Aadhaar Number: _____
- Voter ID No.: _____

3. Eligibility Information

- Are you a domicile of Odisha? ☐ Yes ☐ No
  (Attach proof: Aadhaar / Voter ID / Land Record / Other)
- Do you possess any of the below cards? ☐ Yes ☐ No
  (Attach: Proof of belonging to economically weaker section (Antyodaya/ Annapurna card, Ration Card under NFSA/ Widow Pension/ Old Age Pension, MGNREGS Job Card)
- Have you availed benefits under this or any similar pilgrimage scheme of the Govt. of Odisha in the last 5 years? ☐ Yes ☐ No
- Are you a widow? ☐ Yes ☐ No
  (Attach proof: Death certificate of Husband)
- Do you have any chronic or communicable disease? ☐ Yes ☐ No

- Do you have any other major disease (such as heart, kidney etc.) for which travelling is prohibited? ☐ Yes ☐ No

4. Declaration

I have read and understood all provisions of the Shri Jagannath DarshanYojana (SJDY) and hereby declare that the information furnished above is true and correct to the best of my knowledge. I agree to abide by all conditions and undertake the pilgrimage as per the scheme guidelines.

Signature / Thumb Impression of Applicant: _____

Date: _____

Place: _____

Documents to be attached:

☐ Proof of Age (Aadhaar / Voter ID / Birth Certificate)

☐ Proof of belonging to economically weaker section (Antyodaya/ Annapurna card, Ration Card under NFSA, Widow Pension/ Old Age Pension, MGNREGS Job Card)

☐Death certificate of Husband & Legal Heir certificate (in case of a widow) (if applicable)

☐ Proof of Domicile (Aadhaar / Voter ID / Land Record / Other such document)

☐ Medical Fitness Certificate (if applicable)

☐ Self-declaration form (Annexure-III)

Incomplete SJDY form (s) without mandatory enclosures shall be summarily rejected.

ସଂଲଗ୍ନ-କ

ଶ୍ରୀ ଜଗନ୍ନାଥ ଦର୍ଶନ ଯୋଜନା ଆବେଦନ ଫର୍ମ

ଏଠାରେ ଆପଣଙ୍କ ପାସପୋର୍ଟ ଫୋଟୋ ଲଗାନ୍ତୁ

1. ବ୍ୟକ୍ତିଗତ ସୂଚନା:

- ନାମ: _____
- ପିତା / ସ୍ୱାମୀଙ୍କ ନାମ: _____
- ଲିଙ୍ଗ : _____ମହିଳା/ _____ପୁରୁଷ/_____ଅନ୍ୟାନ୍ୟ
- ଜନ୍ମ ତାରିଖ : _____
  (ଆବେଦନ ତାରିଖ ଅନୁଯାୟୀ ବୟସ _____)
- ପରିବାର ଶ୍ରେଣୀ : _____ଅନୁସୂଚିତ ଜନଜାତି , _____ଅନୁସୂଚିତ ଜାତି, _____ ପଛୁଆବର୍ଗ, _____ ସାଧାରଣ ବର୍ଗ
- ବିଧବା (ଯଦି ଲାଗୁହେଉଥାଏ ତାହେଲେ): _____ହଁ /_____ନାଁ

2. ଯୋଗାଯୋଗ ତଥ୍ୟ :

- ସମ୍ପୂର୍ଣ୍ଣ ଠିକଣା (ଗ୍ରାମ / ୱାର୍ଡ / ଗ୍ରାପ/ ନଗର ନିଗମ /ବ୍ଲକ / ଜିଲ୍ଲା / ପିନ)
  _____
  _____
  _____
- ମୋବାଇଲ ନମ୍ବର:_____
- ଜରୁରୀକାଳୀନ ଯୋଗାଯୋଗ ନଂ:_____
- ଆଧାର କାର୍ଡ ନଂ:_____
- ଭୋଟର କାର୍ଡ ନଂ: _____

3. ଯୋଗ୍ୟତା ତଥ୍ୟ:

- ଆପଣ ଓଡିଶାର ସ୍ଥାୟୀ ବାସିନ୍ଦା କି ? _____ହଁ /_____ନାଁ
  (ପ୍ରମାଣପତ୍ର: ଆଧାର କାର୍ଡ / ଭୋଟର କାର୍ଡ / ପଟ୍ଟା ଇତ୍ୟାଦି)
- ଆପଣଙ୍କ ସହ ନିମ୍ନ ସରକାରୀ ଆର୍ଥିକ ଦୁର୍ବଳ ଶ୍ରେଣୀ ପ୍ରମାଣ ପତ୍ର ଉପଲବ୍ଧ କି?
  - ଅନ୍ତ୍ୟୋଦୟ/ ଅନ୍ନପୂର୍ଣ୍ଣା କାର୍ଡ
  - ରାସନ କାର୍ଡ (ଜାତୀୟ ଖାଦ୍ୟ ସୁରକ୍ଷା ଆଇନ)
  - ବିଧବା ଭତ୍ତା କାର୍ଡ/ ବାର୍ଦ୍ଧକ୍ୟ ଭତ୍ତା କାର୍ଡ/ ମଧୁବାବୁ ପେନଶନ କାର୍ଡ
  - ମହାତ୍ମାଗାନ୍ଧୀ ନିଶ୍ଚିତ କର୍ମ ନିଯୁକ୍ତି ଯୋଜନା କାର୍ଡ

- ଆପଣ ବିଗତ ପାଞ୍ଚ ବର୍ଷ ମଧ୍ୟରେ ଏହି ଯୋଜନା କିମ୍ବା ଏହି ଯୋଜନା ଭଳି ଅନ୍ୟ କିଛି ଯୋଜନାର ସୁବିଧା ପାଇଛନ୍ତି କି ?
  _____ହଁ /_____ନାଁ

- ଆପଣ ବିଧବା କି ?

  _____ହଁ /_____ନାଁ (ପ୍ରମାଣ ପତ୍ର: ସ୍ୱାମୀଙ୍କ ମୃତ୍ୟୁ ପ୍ରମାଣପତ୍ର)
- ଆପଣ କୌଣସି ସଂକ୍ରାମକ/ ଦୀର୍ଘକାଳ ରୋଗରେ ପୀଡିତ କି ?

  _____ହଁ /_____ନାଁ
- ଆପଣ ଅନ୍ୟ କୌଣସି ରୋଗ (ଯଥା ହୃଦ, ବୃକକ ଇତ୍ୟାଦି) ଯେଉଁ ରୋଗ ଅନ୍ତର୍ଗତ ଯାତ୍ରା କରିବାକୁ ମନା, ସେଭଳି କିଛି ରୋଗରେ ପୀଡିତ କି ?_____ହଁ /_____ନାଁ

4. ଘୋଷଣାନାମା :

ମୁଁ ଏତଦ୍ୱାରା ଘୋଷଣା କରୁଅଛି ଯେ ମୋ ଦ୍ୱାରା ଦିଆଯାଇଥିବା ବିବରଣୀ ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସମତେ ସତ୍ୟ ଅଟେ । ଉପରୋକ୍ତ ବିବରଣୀ ଅସତ୍ୟ/ ମିଥ୍ୟା ହୋଇଥିଲେ ଏଥି ପାଇଁ ମୁଁ ସମ୍ପୂର୍ଣ୍ଣ ରୂପେ ଦାୟୀ ରହିବି ଏବଂ ଯାତ୍ରା ପାଇଁ ଅଯୋଗ୍ୟ ବିବେଚିତ ହେବି । ଯାତ୍ରା ସମୟରେ କୌଣସି ଦୁର୍ଘଟଣା କିମ୍ବା କୌଣସି ଅଘଟଣ ଘଟିଲେ ସରକାର ଏଥିପାଇଁ ଦାୟୀ ରହିବେ ନାହିଁ । ମୁଁ ଏହି ଯୋଜନାର ସମସ୍ତ ନିୟମାବଳୀ ଏବଂ ସର୍ତ୍ତକୁ ମାନି ଯାତ୍ରାରେ ଅଂଶ ଗ୍ରହଣ କରିବାକୁ ପ୍ରତିଶୃତିବଦ୍ଧ ରହୁଛି।

ସ୍ୱାକ୍ଷର / ବାମ ହାତ ବୃଦ୍ଧାଙ୍ଗୁଳିର ଟିପ ଚିହ୍ନ:

ତାରିଖ:

ସ୍ଥାନ:

5. ପ୍ରମାଣପତ୍ର ତାଲିକା :

- ବୟସ ପ୍ରମାଣପତ୍ର
- ଆର୍ଥିକ ଦୁର୍ବଳ ଶ୍ରେଣୀ ପ୍ରମାଣପତ୍ର
- ସ୍ୱାମୀଙ୍କ ମୃତ୍ୟୁ ପ୍ରମାଣପତ୍ର ତତ ସହିତ ସ୍ୱାମୀଙ୍କ ଉତ୍ତରାଧିକାରୀ ପ୍ରମାଣପତ୍ର (ଯଦି ଲାଗୁ ହେଉଥାଏ ତାହେଲେ)
- ସ୍ଥାୟୀ ବାସିନ୍ଦା ପ୍ରମାଣପତ୍ର
- ସ୍ୱାସ୍ଥ୍ୟ ପରୀକ୍ଷା ସାର୍ଟିଫିକେଟ (ଯଦି ଲାଗୁ ହେଉଥାଏ ତାହେଲେ)
- ଘୋଷଣାନାମା

ଅସମ୍ପୂର୍ଣ୍ଣ ଶ୍ରୀ ଜଗନ୍ନାଥ ଦର୍ଶନ ଯୋଜନା ଆବେଦନ ଫର୍ମକୁ ନାକଚ/ଖାରଜ କରିଦିଆଯିବ।

Annexure – II : BDO / EO Certification for Uploading Offline Applications

(To be filled after completion of the process of offline application form collection and verification)

It is hereby certified that all offline applications received under the *Shri Jagannath Darshan Yojana (SJDY)* from the GPs/ULBs under my jurisdiction have been verified and uploaded to the Travel Management Portal. The details have been cross-checked, and no duplicate or ineligible entries have been found to the best of my knowledge.

Name of Block / ULB: _____

Total Applications Received: _____

Total Applications Uploaded: _____

Date of Completion: _____

Signature of BDO / EO: _____

Name: _____

Designation: _____

Seal: _____

Date: _____

Annexure – III : 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. This information has been truthfully provided in my application form.
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 – IV : 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 – V* : 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: _____

Printed and Published by the Director, Printing, Stationery and Publication, Odisha, Cuttack-10

OGP/SBP Ex.Gaz.4671-183+100