

**Dear Sir/Madam,**

Uttarakhand Tourism Development Board (UTDB) proudly launches the following two exciting “Treks of the Year 2023”

**1. Chaurangi Khal- Harunta Bugyal- Belak Khal- Kush Kalyan- Silla (06 Days Trek) (from 01/11/2023 to 30/11/2023) :**

Day- 1 Uttarkashi-Chaurangi Khal  
Chaurangi Khal-Nachiketa Tal- Chaurangi Khal

Day- 2 Chaurangi Khal-Harunta Bugyal- Saur- Pawa Kharak

Day- 3 Pawa Kharak- Rata Bani- Hatona- Pandiyadhar-Belak

Day- 4 Belak Khal- Kush Kalyan- Alpine Hut Camp

Day- 5 Kush- Kalyan- Silla Village

Day- 6 Silla- Uttarkashi

**2. Malan Ghati (03 Days Trek) (from 01/11/2023 to 31/01/2024):**

Day- 1 Kotdwar/ Kanvashram

Day- 2 Pokhri

Mhabagad

Day- 3 Kotdwar

Tour Operators, who plan to organize their trekking program in the Malan Ghati during the above period will be granted a subsidy of Rs. 1000/- and Chauangi Khal during the above period will be granted a subsidy of Rs. 2000/- up to a maximum of 300 trekkers on each trek route on first come first serve basis. This subsidy will be deposit directly into the trekkers account.

Tour operators can register details of trekkers via email: [adventurewingutdb@gmail.com](mailto:adventurewingutdb@gmail.com)

**Tour operator who fulfils the given below can apply and register the trekker through the attached form:**

1. Adventure operator who is registered in mountaineering and trekking under the registration of adventure tourism related unit mentioned in **Annexure-5** of Uttarakhand Tourism and Travel Business Registration Rules-2014 and as amended in 2016.
2. Tour operator must have organized treks for at least 500 trekkers in 02 years.

**Terms and Condition:**

1. The number in a single group of trekkers should not exceed 25.
2. The Tour operator shall attach the copy of the Adhar card / ID proof o each trekker while registering the details.

3. For the proof of participation of the trekkers in the said trek, the tour operator shall deposit the copy of the Aadhar Card / ID proof of the client in UTDB at the time of the claiming subsidy after verifying it by DTDO of the respectable District.
4. Group photos from the trek's starting point, in-route camps and halts, and other sports must also be submitted by the Tour Operator.
5. UTDB reserves the right to modify the terms of this scheme at any point at its sole discretion without any right of remedy to the Tour Operators.
6. The Tour Operators shall indemnify UTDB at all times of any expenses of any nature whatsoever including but not limited to medical exigencies, natural calamities, delays and cessation of treks etc.
7. The Tour Operator shall undertake at all times that the trekkers have been screened for medical fitness and have been explained about the trek.

I..... (name of the Authorized Signatory), of ..... (name of the Tour Operator), have read and understood the terms and conditions mentioned above and agree to abide by them.

**Please send 1 form for each Trekking Group.**

District Tourism Development Officer, Pauri Garhwal: 8954615410

District Tourism Development Officer, Uttarkashi: 7060038440

Mis Sheetal, Land Sports Expert: 08954593699 may be contacted for any clarification

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**Application from**  
**Uttarakhand Tourism Development Board**  
**Trek of the year 2023**

**Details of Tour Operator:**

1. Name of Tour Operator: \_\_\_\_\_
2. Proof of registration with UTDB: \_\_\_\_\_ (attach).
3. Proof of numbers of trekkers, organized by the trekking firm in a year: \_\_\_\_\_(attach copy).
4. Number of trekkers in the group: \_\_\_\_\_

**Details of trekkers in the following format: (with photograph)**

S.No.	Name	Age	Address/Ph.No.	Aadhar	Photo
1.					
2.					
3.					
4.					
5.					
6.					

7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

5. Tek route Opted for: (Please Hck)

Chauangi Khal.

Malan Ghati.

6. Date of the Trek: \_\_\_\_\_

**7. Bank Details (The Bank Account must be linked with Aadhar)**

Account Name:

Bank Name:

Type o Account:

Account Number:

IFSC Code:

Bank Branch Adress:

**Signature of Authorized Signatory**

**Name:**

**Email:**

**Contact Number:**

**Full Address:**