

**National Trust for Nature Conservation**  
**Annapurna Conservation Area Project**  
**ACA Entry Permit Application Form**

PP size  
photograph  
**(Compulsory)**

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

**To:**  
**National Trust for Nature Conservation**  
**Annapurna Conservation Area Project**

I would like to request for an ACA Entry Permit in accordance with the Conservation Area Management Regulation, 1996. On the trek, I will abide by the National Park & Wildlife Conservation Act 2029 B.S. (1973) & the Regulations made under this Act. I will also adhere by ACAP's Minimum Impact Code.

**PLEASE PROVIDE FOLLOWING DETAILS (Write in CAPITAL Letters)**

1. Name (*as in passport*) : \_\_\_\_\_  
(First) (Middle) (Last)
2. Nationality : \_\_\_\_\_
3. Passport No. : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_ 5. Sex (*please tick mark*) : Male  Female   
(Day) (Month) (Year)
6. Home address: \_\_\_\_\_
7. Occupation : \_\_\_\_\_
8. Contact address in Nepal : \_\_\_\_\_
9. Purpose of visit : \_\_\_\_\_
10. Name of the trek (*please tick mark the right trek*) :  

<input type="checkbox"/> Annapurna Sanctuary Trek	<input type="checkbox"/> Ghandruk Circuit Trek
<input type="checkbox"/> Jomsom Trek	<input type="checkbox"/> Jomsom Muktinath Trek
<input type="checkbox"/> Annapurna Circuit Trek / Round Annapurna Trek	<input type="checkbox"/> Ghorepani Trek / Poon Hill Trek
<input type="checkbox"/> Sikles Eco Trek	<input type="checkbox"/> Ghorepani Ghandruk Circuit Trek
<input type="checkbox"/> Mardi Himal Trek	<input type="checkbox"/> Khayar Tal Trek
<input type="checkbox"/> Upper Mustang Trek	<input type="checkbox"/> Tilicho Tal Trek
<input type="checkbox"/> Others (Please specify) : _____	
11. Point of entry into the ACA : \_\_\_\_\_
12. Point where you will end your trek in ACA : \_\_\_\_\_
13. Duration of the trek : (*Date*) From : \_\_\_\_\_ To : \_\_\_\_\_ (# of Days: \_\_\_\_\_)
14. Please provide the name & address of the trekking agency if you are using their services:  
Name of the agency : \_\_\_\_\_  
Address of the agency : \_\_\_\_\_

**OR**

15. If using the services of a freelance guide, please provide the following details:  
Name of the guide : \_\_\_\_\_  
Contact address of the guide : \_\_\_\_\_  
Has your guide received "Guide Training" ? (*please tick mark*) Yes  No

\_\_\_\_\_  
Signature of Applicant

<b>FOR OFFICIAL USE ONLY (<i>Please do not write in this box</i>)</b>	
Receipt No. : _____	
Date of Issue : _____	Signature : _____
Name of staff issuing permit : _____	