

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

Date: _____

In accordance with the Conservation Area Management Regulation 1996, we would like to request ACA Entry Permit for our following client members. On the trek, we assure that our clients will abide by the National Park and Wildlife Conservation Act 2029 B.S. (1973) & the Regulations made under this Act. Our clients will also adhere by ACAP's Minimum Impact Code.

PLEASE PROVIDE FOLLOWING DETAILS (Write in CAPITAL letters)

| S.No. | Name of the visitor (First) (Middle) (Last) | Nationality | Passport No. | Date of Birth | Sex (Male) (Female) | Occupation | Purpose of visit |
|-------|--|-------------|--------------|---------------|------------------------|------------|------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
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| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |

1. Name of the trek (please tick mark the right trek) :

- | | | |
|---|--|---|
| <input type="checkbox"/> Annapurna Sanctuary Trek <input type="checkbox"/> Jomsom Trek <input type="checkbox"/> Annapurna Circuit Trek / Round Annapurna Trek <input type="checkbox"/> Sikles Eco Trek <input type="checkbox"/> Others (Please specify) : _____ | <input type="checkbox"/> Mardi Himal Trek <input type="checkbox"/> Upper Mustang Trek <input type="checkbox"/> Ghandruk Circuit Trek <input type="checkbox"/> Jomsom Muktinath Trek | <input type="checkbox"/> Ghorepani Trek / Poon Hill Trek <input type="checkbox"/> Ghorepani Ghandruk Circuit Trek <input type="checkbox"/> Khayar Tal Trek <input type="checkbox"/> Tilicho Tal Trek |
|---|--|---|

2. Point of entry into the ACA : _____ 3. Point where the group will end the trek in ACA : _____

4. Duration of the trek : (Date) From : _____ To : _____ (# of Days: _____) 5. Number of guides & porters in the group: _____ (guides) _____ (porters)

Signature and stamp of applying agency

FOR OFFICIAL USE ONLY (Please do not write in this box)

Receipt No. : _____

Date of Issue : _____ Signature : _____

Name of staff issuing permit : _____