

Schedule-11
(Relating to Rule-30)

- Report to be submitted by the Liaison Officer
Of the mountaineering expedition team:-
1. (a) Name:-
(b) Number of the member of the mountaineering expedition team:-
(c) Name of their Leader:-
 2. Number of headman, mountain guide and base camp worker associated with the mountaineering expedition team:-
 3. Name of the Trekking Agency:-
 4. Name of the climbed mountain:-
 5. Date of the briefing about mountaineering expedition:-
 6. Date of departure from Kathmandu for mountaineering expedition:-
 7. Mode of departure:-
 8. Daily details of the journey:- (To be written in separate paper)
 9.

Place	Date	Day
Date of arrival at the base camp:-		
 10. Name of other team and liaison officer met in the base camp:-
 11. Details of problem and exhortations made to solve such problem in the mountaineering expedition period:-
 12. Details of any accident or any loss of goods of the mountaineering expedition team in the mountaineering expedition period:-

13. Days stayed in the base camp:-
14. Details of coming back from base camp and reason thereof (use separate paper as per necessity):-

Place	Date	Day
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15. Date of next return in the base camp:-
16. Day and cause of absence in the base camp:-
17. Date of sending news to the Ministry:-
18. Conditions of Caravan Route and bridges:-
19. Condition and standard available in the Caravan Route of the:-
 - (a) Hotel, Lodge, Guest House etc:-
 - (b) Local Worker:-
 - (c) Others:-
20. Departure date from the base camp:-
21. Result of the mountaineering expedition (Have to fill the Date, Time and other details of all the member of the mountaineering expedition team in separate paper)
22. Date of reaching in Kathmandu:-
23. Documents to be submitted
 - (a) Travel Ticket (two way)
 - (b) Photograph of traveled area and the base camp:-
 - (c) Photograph of base camp in the presence of the member of the mountaineering expedition team:-
 - (d) Report of the leader of the mountaineering expedition team:-

(e) Report of any other recommendation: -

Report Submitting Liaison Officer

Signature:-

Name:-

Office:-

Phone No.

(office)

(Fax)

Phone No.

(Residence)

Date:-