



YOUTH HOSTELS ASSOCIATION OF INDIA



An ISO 9001:2015 Certified Organization

(Affiliated to Hostelling International, U.K.)

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National Chairman

S. Venkat Narayanan

National Treasurer

Manoj Johri

Chief Executive Officer

Rupesh K. Pandey

10.05.2019

To,

All State Branches and Units of YHAI

Greetings from Youth Hostels Association of India (YHAI).

YHAI is pleased to inform you that we have received an invitation from **Qatar Youth Hostels** for the program on "**Discover Qatar in 144 Hrs**" from 22nd September to 27th September 2019. This program is a touristic program that aims the youth groups from various Youth Associations around the world to discover Qatar in 144 Hours to learn about the most important tourist, heritage and sports places, and to see the comprehensive renaissance in all fields in Qatar. This contributes in enhancing internal tourism and values of understanding and leniency, as well as developing youth's communication skills.

Objectives

- Enhancing internal tourism through visiting archaeological, tourist and sports sites.
- To strengthen cooperation with various youth hostels in the world.
- Promotion values of understanding, leniency and developing communication skills among youth.

Who can Participate

Fifteen young participants (Between 18-30 years of age). Only one participant from each state can participate in the program.

Registration Fees

There are no registration fees for the program.

Venue

The program will be at Qatar Youth Hostel, Doha, Qatar.

Duration

QYH will provide 5 nights and 6 days boarding & lodging at QYH from 22nd September to 27th September 2019 (5 Nights & 6 Days).

Accommodation & Meals

Qatar Youth Hostel will provide five night accommodation and 3 meals (everyday) during the program.

Travel Expenses

Air Ticket and other personal expenses have to be borne by the participants.

Tour Guide

QYH will provide tour guide during the program.

Visa

Indian National do not require prior **visa** arrangements and can obtain a **visa** waiver upon arrival in **Qatar**. The waiver is valid for 180 days from the date of issuance and entitles its holder to spend up to 30 days in **Qatar**.

Reception at Airport

QYH will provide welcome and departure from Hamad International Airport

Youth Meeting

QYH will offer meeting with Youth Qatari and presentation on the Qatari Culture.

Healthcare

QYH will provide health care to the participants in the program.

Travel Insurance

Travel Insurance is mandatory to travel Qatar & should be borne by the participants.

Souvenirs

QYH will provide Souvenirs to the participants in the program.

Itinerary - Heritage and Historical Tourism

1st Day – Al-Zubarah Castle , Umm Salal Mohammed Village – Barzan Towers ,The site of the rock inscriptions in Aijassaseyah

2nd Day – The village of Ayyal Al Dheeb – Broog , Ancient pearl fishing Villages, Arkiat Castle, Al-koot Castle , Al- wajbah Castle

(Detailed Itinerary will be provided you after the confirmation of the participants)

How to Apply

You are requested to send the names of suitable candidates who are capable of representing YHA effectively at the above program in the enclosed Performa along with a passport size photograph through your State Branch.

You are requested to send the Performa through your State Branch latest by 31st July 2019.

With best wishes,



Rupesh K Pandey
Chief Executive Officer

**YOUTH HOSTELS ASSOCIATION OF INDIA
NEW DELHI**

PROFORMA

Name of the State Branch : _____

1. Name
2. Address (Residence)
3. Telephone No. Mobile -
E-mail ID :
4. Membership No.
5. Date of Birth Age :
6. Educational Qualification
7. Profession
8. Designation and Rank in Youth Hostel Movement
and Experience/Achievement at :
 - (a) Unit Level
 - (b) State Level
 - (c) National Level(PLEASE USE EXTRA SHEET)
10. Please give a brief (not more than 200 words) how you will contribute in the **“Discover Qatar in 144 Hrs”** and after participating how do you intend to help YHAI in further spreading the philosophy of YOUTH HOSTEL MOVEMENT. Please attach the brief separately with the proforma.

Signature _____

Name _____

Recommended by

State Chairman
_____ State Branch

Date :

State Secretary
_____ State Branch