



Preparing for your visit to India

Visa & Passport

All foreign nationals entering India are required to possess a valid international travel document in the form of a national passport with a valid visa obtained from an Indian Mission or Post abroad.

For most nationalities the visa application process can be carried out entirely online and, in our experience the service is both swift and efficient. (although the application form does ask a lot of questions)

If you want to learn more about the visa requirements [click here](#)

If you want to go directly to the eVisa application page, [click here](#)

As with travel to most countries, your passport should be valid for at least 6 months from the date of your arrival in India and it is advisable to have at least 2 empty pages remaining.

Health & Immunisations

There are no particular risks associated with the areas we visit but it is still a good idea to check with your GP or local medical centre for up to date advice.

However we do strongly recommend that anyone visiting Ladakh to search for Snow Leopards pays particular attention to the section on Acute Mountain Sickness (AMS). Being young and fit is no guarantee that you will be immune.

Immunisations

- **Confirm primary courses and boosters are up to date** - including for example, vaccines required for occupational risk of exposure, lifestyle risks and underlying medical conditions.
- **Courses or boosters usually advised:** Diphtheria; Hepatitis A; Tetanus; Typhoid.
- **Other vaccines to consider:** Cholera; Hepatitis B; Japanese Encephalitis; Rabies.
- **Yellow fever vaccination certificate requirements** for India are specific and quite lengthy; read the full details via the [WHO website](#).

See notes at end of this document for further information about these diseases.

Altitude and Travel

This country has either areas with high altitude (2400m or more) or/and areas with very high altitude (3658m or more).

Travellers who may go into areas of high altitude should take care to avoid ill effects of being at altitude including Acute Mountain Sickness, a potentially life-threatening condition.

There are risks associated with high altitude including exposure to ultraviolet (UV) radiation, cold and the risk of developing Acute Mountain Sickness (AMS). Please refer to the notes at the end of this document if you will be travelling in areas of high altitude.



Currency

The unit of currency in India is the Rupee (INR).

It will be necessary for you to have at least some Rupees available to spend during your trip; for things like bar bills, souvenirs etc.

You can obtain Rupees from either a currency exchange office or from an ATM. There are currency exchange booths at most airports and ATMs are located in airports and most cities. It is recommended to change money when you have the opportunity as it is not unusual to find that some ATMs are not working.

Tipping

Most lodges have a “central tipping box” at reception or nearby. This is shared amongst all the staff at the lodge and is a very fair system. As a rule of thumb we suggest that if you are travelling as a couple then USD 10-15 per person per day is a good starting point. If you are travelling in a larger party, say 4 or more, then USD10 per person per day should be adequate.

The only person you may wish to tip separately will be the guide. Normally you will have the same guide for the duration of your stay at each lodge and if he has looked after you well then again if you are travelling as a couple then USD 10-15 per person per day is a good starting point. If you are travelling in a larger party, say 4 or more, then USD10 per person per day should be adequate.

Any tips should be paid on departure and should only be paid if you feel that the services you have received deserve a tip. Of course, if you feel that the service you received was special, then you are free to increase the tip you give.

We strongly recommend that you only tip if you are happy to do so. Good service deserves a tip, poor service does not.

Power Sockets

There are two main types of power socket in India, 1 large and 1 small, both have 3 round pins.

[This link](#) provides more details.

Almost all lodges cater for international visitors and will either have some 3 pin UK sockets and/or some European two pin sockets.

Diet

Indian food is largely vegetarian, with meat only served occasionally. Contrary to what you might expect, although it is always tasty, it is not overly spiced and is rarely ‘hot’.

Food Allergies

Please advise us at the time of booking if you have any food allergies and when you arrive check that your guide/camp manager has been made aware of them.

Please note: Unfortunately we can give no guarantee that special requirements can always be met.

Security

We do not anticipate that you will experience any problems but use common sense.

Your belongings are your responsibility. You should take the same care and precautions as you would at home or when visiting any other country.

If your room has a safe, we recommend you make use of it for your valuables. Alternatively put them into your suitcase/luggage and lock it when leaving your room. Do not leave valuables lying around in the open.

If you do suspect that something has been taken, please notify your naturalist or the lodge management as soon as possible so that they can investigate.



Mobile Phones & SIM cards

Mobile phone coverage is generally good in India, but not so reliable when you are in National Parks or other remote areas. Making calls using your own home network will almost certainly be expensive, so we recommend that you obtain a local SIM card for your phone (if your network provider allows this). Mobile phone calls in India are very cheap indeed. There is a counter inside the international airport itself, before you leave the airport building, where you can obtain a free local sim card. You can also purchase air time

Useful Books

A good field guide is almost essential for identification of mammals and, in particular, birds that you see. Our recommendations:

Mammals

Field Guide to the Mammals of the Indian Subcontinent: Where to Watch Mammals in India, Nepal, Bhutan, Bangladesh, Sri Lanka and Pakistan.

K.K.Gurung & Raj Singh
ISBN-10: 0123093503
ISBN-13: 978-0123093509

A Field Guide to Indian Mammals

Vivek Menon
ISBN-10: 0143029983
ISBN-13: 978-0143029984

A Naturalist's Guide to the Mammals of India

Bikram Grewal & Rohit Chakravarty
ISBN-10: 1909612804
ISBN-13: 978-1909612808

Birds

Birds of the Indian Subcontinent (Helm Field Guides)

Carol Inskipp, Tim Inskipp, Richard Grimmet
ISBN-10: 1408127636
ISBN-13: 978-1408127636

This book is also available as an app for your smart phone or tablet.

Camera Manual

It is also a good idea to download a PDF version of your camera manual onto your smartphone or tablet. This can be very useful if you need to resolve any issues while you are travelling.



What to Bring

Most travellers to India can expect the weather to be warm or hot and dry. The obvious exception is searching for snow leopards in Ladakh.

Our suggestions are based on what has worked well for travellers in the past.

Checklist

The information here is intended as a guideline only.

Documentation

- ✓ passport
- ✓ flight tickets
- ✓ insurance documents
- ✓ copies of prescriptions for any medication you are currently taking

Clothing

The simple rule is to bring clothes that you feel comfortable in. No-one is going to give a toss about whether they are fashionable or not, but they should be practical.

Rip-stop cotton is ideal due to its evaporative ability, and long- sleeve shirts and trousers made from this material are excellent for hot and dusty conditions. Light earth-tone colours should be chosen, to help blend in with the environment, and to provide a degree of solar reflection. A fleece pile jacket or wool sweater is recommended for early morning game drives. A lightweight raincoat or jacket is advisable.

Although most of our game drives will be taken in early morning and late afternoon the vehicles we use have no roof, therefore you will be exposed to the sun. Because we'll be spending long periods of time sitting in a vehicle there is a risk of sunburn in these conditions. A rule of thumb is "expose as little skin as possible."

Here's our suggested clothing list to cover most conditions we are likely to meet. How many of each item you choose to bring is up to you:

- ✓ Cotton cargo style trousers
- ✓ Swimsuit – many of our lodges do have swimming pools
- ✓ Long sleeve cotton shirts
- ✓ Underwear & socks (not nylon)
- ✓ Shorts, preferably cotton
- ✓ Cotton T-shirts
- ✓ Warm fleece or wool sweater
- ✓ Light raincoat or jacket (it does rain sometimes!)

Footwear

We recommend a pair of comfortable walking boots or sturdy trainers while you are on safari/game drives, preferably ones you have worn extensively, and a pair of sandals or flip flops for times when something lighter is appropriate.

Again the most important factor when choosing your footwear is your own comfort. Ankle high boots are more practical than shoes. The walking is not strenuous but you will be walking through bush and grass so seeds and thorns can get inside your shoes. The less space you allow for things to get inside your footwear the better. Short ankle gaiters are a good idea as prickly grass seeds can easily stick to your socks and cause irritation.



Sun Protection

- ✓ Hat or cap
- ✓ Sunglasses
- ✓ Sun screen / sun block
- ✓ Lip balm

Lighting

- ✓ Head torch (and spare batteries)
- ✓ Small hand held torch

Insect Protection

- ✓ Good insect repellent – the risk of malaria is low in almost all the regions we visit, however there will be times when you are sitting by a water hole waiting for animals to arrive when flies or other insects can become irritating.

Personal

- ✓ Wash Bag
- ✓ Any personal medication plus prescription details in case you need to get more whilst on safari. Please make sure you notify your guide and camp manager of any existing medical conditions and any medicines you may be taking.

Spectacles

If you usually wear contact lenses, it is a good idea to bring a pair of spectacles with you on safari. Game drives can be very dusty and in these conditions contact lenses can be uncomfortable and irritate your eyes. In any case bring a spare pair of spectacles.

On longer trips bring a copy of your prescription for spectacles if you wear them.

First Aid

- ✓ Small first aid kit, including headache tablets, safety pins, plasters, blister kit, tweezers, foot powder and any personal medication. Eye drops and nasal spray are recommended for dealing with dusty environment.
- ✓ An adequate supply of any medication you use or need regularly. Be sure to tell your guides what you are carrying and under what circumstances you might need them to administer it.
- ✓ Anti bacterial handwash

Camera Gear

Although cameras and accessories are widely available in India, good camera stores are only found in larger cities, where we spend almost no time and a lot of shopping is now done online. Therefore it is best to bring with you everything you will need during your trip.

- ✓ Camera
- ✓ Lenses – ideally you should have lenses that cover a range from about 24mm (for landscapes) to 500mm (for birds)
- ✓ spare camera battery (batteries)
- ✓ camera battery charger
- ✓ spare memory cards
- ✓ lens blower/brush – dust will be your biggest enemy so make sure you can remove it effectively and safely
- ✓ lens hood
- ✓ camera handbook/manual (most manuals can now be downloaded as a PDF file onto your smartphone or tablet)
- ✓ monopod or tripod (most people find a monopod more 'useable' when on safari)
- ✓ Binoculars
- ✓ spare batteries for anything that needs them



Optional Extras

- ✓ Notebook and pencils
- ✓ Sewing kit
- ✓ Large Ziploc type bags – can be useful for just about anything you need to keep separate or protected from dust. These can also be used to keep your camera gear dry if you are shooting in the rain.

Local contact Information

JungleSutra Wildlife Journeys

Creative Plaza, 283, Udyog Vihar, Phase 2, Gurugram, Harayana - 122016. India

Tel: +91 124 4567777

Emergency Contact Number +91 9911266277



Notes on the diseases mentioned in the section 'Health & Immunisations'

- **Cholera:** spread through consumption of contaminated water and food. More common during floods and after natural disasters, in areas with very poor sanitation and lack of clean drinking water. It would be unusual for travellers to contract cholera if they take basic precautions with food and water and maintain a good standard of hygiene.
- **Diphtheria:** spread person to person through respiratory droplets. Risk is higher if mixing with locals in poor, overcrowded living conditions.
- **Hepatitis A:** spread through consuming contaminated food and water or person to person through the faecal-oral route. Risk is higher where personal hygiene and sanitation are poor.
- **Hepatitis B:** spread through infected blood and blood products, contaminated needles and medical instruments and sexual intercourse. Risk is higher for those at occupational risk, long stays or frequent travel, children (exposed through cuts and scratches) and individuals who may need, or request, surgical procedures abroad.
- **Japanese Encephalitis:** spread through the bite of an infected mosquito. This mosquito breeds in rice paddies and mainly bites between dusk and dawn. Risk is higher for long stay travellers to rural areas, particularly if unable to avoid mosquito bites.
- **Rabies:** spread through the saliva of an infected animal, usually through a bite, scratch or lick on broken skin. Particularly dogs and related species, but also bats. Risk is higher for those going to remote areas (who may not be able to promptly access appropriate treatment in the event of a bite), long stays, those at higher risk of contact with animals and bats, and children. Even when pre-exposure vaccine has been received, urgent medical advice should be sought after any animal or bat bite.
- **Tetanus:** spread through contamination of cuts, burns and wounds with tetanus spores. Spores are found in soil worldwide. A total of 5 doses of tetanus vaccine are recommended for life in the UK. Boosters are usually recommended in a country or situation where the correct treatment of an injury may not be readily available.
- **Typhoid:** spread mainly through consumption of contaminated food and drink. Risk is higher where access to adequate sanitation and safe water is limited.

Climate Considerations

Sun Protection

The higher the altitude, the higher the exposure to UV radiation.

Protection against UV light should include:

- Wearing clothing that covers the skin and is impermeable to ultraviolet light.
- Using a sunscreen that protects against UVA, UVB and UVC with a high sun protection factor (at least SPF15).
- Lips, ears and nose should be protected with a high protection sunblock.
- Wearing sunglasses which filter out UV light.
- A face mask or balaclava may be required to protect against cold and sun at very high and extreme altitude.



Cold Protection

In areas at very high altitude, low temperatures combined with low oxygen levels increases the risk of frostbite. The risk is even greater in those who already have poor circulation e.g. Raynaud's disease.

To help prevent injury from the cold:

- Wear correctly fitting clothes that are approved for cold climates; gloves, hats, socks, boots. Several lighter layers are better than 1 heavy layer.
- Keep hands and feet dry, change wet socks and gloves promptly.
- Wear goggles at very high altitudes.
- A face mask or balaclava may be required to protect against cold and sun at very high and extreme altitude.
- Cover up against the sun, wind and cold.
- Apply sun block/sunscreen regularly.

Acute Mountain Sickness

At altitude the air pressure is lower than at sea level and gets lower as you climb higher. This means that although the amount of oxygen in the air remains constant, the amount of absolute oxygen in the lungs and the blood is less.

Oxygen is necessary for energy and for the body to function normally. The body will adapt to lower oxygen levels and responds by breathing faster and deeper and making more red blood cells to carry oxygen around. This response, called acclimatisation takes around 3-5 days to occur but will vary between individuals and conditions.

AMS is more likely to occur in those who do not take time to acclimatise properly or arrive directly at areas of high altitude e.g. Leh in Ladakh - 3500m. The higher and faster the ascent, the more likely that AMS will occur. Anyone can suffer from AMS regardless of age, gender, level of fitness or training.

Signs and Symptoms of AMS

Symptoms of AMS do not usually develop immediately upon arrival but occur during the first 36 hours at altitude. Early, mild symptoms are similar to that of a hangover.

- Headache.
- Dizziness.
- Nausea/vomiting.
- Loss of appetite.
- Fatigue, flu like symptoms.
- Breathlessness.
- Poor sleep and irregular breathing during sleep.



AMS can be diagnosed using the Lake Louise Symptom Score (LLSS), a self assessment score for adults:

Symptoms	Severity	Points
Headache	- No headache	0
	- Mild headache	1
	- Moderate headache	2
	- Severe headache, incapacitating	3
Gastrointestinal	- No gastrointestinal symptoms	0
	- Poor appetite or nausea	1
	- Moderate nausea or vomiting	2
	- Severe nausea or vomiting, incapacitating	3
Fatigue and / or weakness	- Not tired or weak	0
	- Mild fatigue/weakness	1
	- Moderate fatigue/weakness	2
	- Severe fatigue weakness, incapacitating	3
Dizziness / lightheadedness	- Not dizzy	0
	- Mild dizziness	1
	- Moderate dizziness	2
	- Severe dizziness, incapacitating	3
Difficulty of sleeping	- Slept as well as usual	0
	- Did not sleep as well as usual	1
	- Woke up many times, poor nights sleep	2
	- Unable to sleep.	3

Anyone who has recently ascended to over 2500m and has a score of 3 or more should be considered to have AMS.

Prevention of AMS

- Gradual ascent is the most important preventive measure.
- Choose a trip with time for gradual acclimatisation built in.
- Ideally avoid flying directly to areas of high altitude.
- Take 2-3 days to acclimatise before going above 3000m.
- Do not climb more than 300m a day.
- Have a rest day every 600 – 900m of ascent or every 3 – 4 days.
- Maintain a good intake (not excessive) of fluids.
- Gentle exercise only for the first 24 hrs.
- Eat a light but high calorie diet.
- Avoid alcohol.
- Consider using a medication called acetazolamide (Diamox) which increases blood and tissue oxygenation at high altitude and is useful for some (but not all) individuals. It can be prescribed by your GP or Travel Advisor if felt appropriate for you.
- Diamox 125mg twice daily can be taken as a trial at sea level for two days before a visit to high altitude. It should be started 24 hours before ascent. For individuals ascending to and staying at one height for several days, Diamox may be stopped after 2-3 days at target altitude. For those ascending to a high point and then descending to a lower level, Diamox should be stopped once descent has begun.
- It is a diuretic so urine output will be increased.



- Using Diamox does not rule out the need for gradual ascent and will not prevent AMS if other advice is disregarded. It will not mask the signs of AMS.
- Be aware of the signs and symptoms of AMS and recognise them early. Let someone know that you are beginning to feel unwell.

Treatment of AMS

- If early signs and symptoms of AMS are noticed then stop and rest at that level.
- Do not go any higher.
- Take analgesics to treat any headache e.g. ibuprofen or paracetamol.
- Take anti-sickness medication if necessary e.g. promethazine.
- Maintain a good fluid intake.
- Once fully recovered ascent can begin again with care.
- If the symptoms of AMS do not improve over a day then descent of 500-1000m is necessary.

Pre-existing Medical Conditions

If appropriate care is taken, most people can travel to high altitude destinations. However, travellers with the certain medical conditions are more likely to be affected by their condition at altitude and expert medical advice should be sought,

This includes:

- Diabetes.
- Asthma.
- Chronic obstructive pulmonary disease.
- Epilepsy.
- Heart conditions.
- Lung conditions.
- Pregnancy.
- Sickle cell disease.