**HGN Agency Form Fields Documentation**

This document outlines the fields collected in the HGN Agency Tourist Form, designed for tourists to submit their details via a QR code linked to a specific agency. Each field includes its name, description, data type/length, and an example value. Required fields are marked with an asterisk (\*).

Upon form submission, these fields are sent via an API request to the dashboard (e.g., ctg.hgn.com.np) using a multipart/form-data format to handle both text data and file uploads. The QR code scan is expected to include an agency identifier (e.g., as a query parameter in the URL) to route the data to the appropriate agency's tourist management section in the admin panel.

Data can be filtered or queried in the dashboard by fields such as tourist name, passport/ID number, email, phone, submission date/time, and other relevant fields.

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| **Field Name** | **Description** | **Field Type/Length** | **Example** |
| tourist-name \* | Full name of the tourist | varchar(100) | John Doe |
| gender \* | Gender of the tourist | varchar(10) | male |
| dob \* | Date of birth (format: YYYY-MM-DD) | date | 1990-05-15 |
| email \* | Email address for communication | varchar(100) | [john.doe@example.com](mailto:john.doe@example.com) |
| phone \* | Phone number including country code | varchar(20) | +1-123-456-7890 |
| nationality \* | Nationality of the tourist | varchar(50) | us |
| residence \* | Country of residence | varchar(50) | us |
| mother-tongue | Primary language spoken | varchar(50) | English |
| passport \* | Passport or ID number | varchar(50) | AB1234567 |
| blood-group | Blood type | varchar(5) | o+ |
| english-service | Preference for English language support (required, preferred, optional) | varchar(20) | preferred |
| emergency-contact \* | Emergency contact phone number | varchar(20) | +1-987-654-3210 |
| height | Height in centimeters | int | 175 |
| weight | Weight in kilograms | int | 70 |
| medical-history | Relevant medical history details | text | Asthma since childhood |
| other | Any other medical information | text | None |
| allergy | List of allergies | text | Peanuts, Shellfish |
| medicines | Current medications being taken | text | Inhaler for asthma |
| passport-upload \* | Uploaded copy of passport (file) | file (jpg/jpeg/png/pdf) | passport.jpg (binary data) |
| visa-upload | Uploaded copy of visa (file, optional) | file (jpg/jpeg/png/pdf) | visa.pdf (binary data) |
| avatar-upload \* | Uploaded avatar photo (file) | file (jpg/jpeg/png) | avatar.png (binary data) |
| signature-upload \* | Uploaded or drawn signature (file) | file (jpg/jpeg/png) | signature.png (binary data) |