**HGN Agency Tourist Registration Form Fields Specification**

This document outlines the fields collected in the HGN Agency Tourist Registration Form, used when tourists scan an agency-specific QR code and submit their details. The data is sent via an API request (e.g., POST to https://ctg.hgn.com.np/api/tourists) to the agency's dashboard under the Tourist Management section. Each field is detailed with its name, description, data type/length, example value, and whether it is required or optional. The QR code likely includes an agency identifier (e.g., URL parameter ?agency\_id=123) to associate the submission with the correct agency. File uploads can be sent as multipart/form-data or base64-encoded strings in the JSON payload.

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| **Field Name** | **Description** | **Field Type/Length** | **Example** | **Required/Optional** |
| Tourist Name | Full name of the tourist | varchar(255) | John Doe | Required |
| Gender | Gender of the tourist | varchar(10) | male | Required |
| Date of Birth | Date of birth (format: YYYY-MM-DD) | date | 1990-05-15 | Required |
| Email | Email address for communication | varchar(255) | john.doe@example.com | Required |
| Phone | Phone number (international format optional) | varchar(50) | +1234567890 | Optional |
| Nationality | Nationality (country name, lowercase with hyphens for spaces) | varchar(100) | united-states | Required |
| Country of Residence | Country of residence (country name, lowercase with hyphens for spaces) | varchar(100) | united-states | Required |
| Mother Tone | Primary language spoken | varchar(50) | english | Optional |
| Passport/ID Number | Passport or ID number | varchar(50) | AB1234567 | Required |
| Blood Group | Blood type | varchar(10) | o+ | Optional |
| English Service | Whether English language service is required (yes/no) | varchar(10) | yes | Optional |
| Emergency Contact Name | Name of emergency contact | varchar(255) | Jane Doe | Required |
| Emergency Tel | Emergency contact phone number | varchar(50) | +9876543210 | Optional |
| Emergency Email | Emergency contact email | varchar(255) | jane.doe@example.com | Required |
| Height | Height in centimeters | int | 175 | Optional |
| Weight | Weight in kilograms | int | 70 | Optional |
| Medical History | Pre-existing medical condition | varchar(100) | hypertension | Optional |
| Other Medical History | Details if 'other' medical history is selected | text | Chronic back pain | Optional |
| Allergy | List of allergies | text | Peanuts, shellfish | Optional |
| Constrained Medicines | Medications the tourist cannot take | text | Aspirin | Optional |
| Passport/ID Photo | Uploaded photo of passport/ID (file: jpg, jpeg, png, pdf) | blob/binary | [File upload] | Required |
| Visa/ID Validity | Uploaded proof of visa/ID validity (file: jpg, jpeg, png, pdf) | blob/binary | [File upload] | Required |
| Tourist Avatar | Optional profile photo (file: jpg, jpeg, png) | blob/binary | [File upload] | Optional |
| Signature Upload | Digital signature (generated from canvas, saved as png) | blob/binary | [File upload] | Required |