

**APPLICATION FORM FOR RECOGNITION AS PROVISIONAL / APPROVED
MEGHALAYA STATE TOUR OPERATOR**

Passport size photograph
Of Managing Director/
Managing Partner/Proprietor.

1. Name of the Organization.....
 Address of Head Office.....
 Telephone No.
 Mobile No.
 Fax Number
 Email Address
 Website Name
 Address of the Branch offices (if any)
 (Please fill up separate application from, in duplicate, for Branch Office
 If any)

2. i) Nature of the Organization.....
 ii) Year of registration/commencement of business.....

3. 3.a Name of Proprietor/ Directors/Partners etc :.....
 3.b (Details of their interests, in other business may also be indicated):

4. Particulars of staff employed.
 Name, Designation, Qualifications, Experience, Salary, Length of Service with
 the firm

Sl No	Name	Designation	Qualifications	Experience	Salary	Length of Service
1						
2						
.....						

5. Details of office premises (Documentary proof/Rent Agreement/Ownership Deed to be made available)-
 a. Space in sq.ft.
 b. Location area commercial/residential.....
 c. Reception area.....
 d. accessibility to toilets.....
6. Name of Bankers (please attach a reference letter on original letter head from your Bankers)
7. Name of Auditors.....
8. Please indicate membership of International Travel Organization, if any

- 9 a) Give details of volume of tourist traffic handled.
- b) Clientele: special tourist groups handled, if any, their size, frequency, etc.,.
- c) Steps taken to promote domestic tourist traffic and details of the groups handled, if any.
10. Number of conferences handled, if any, and the total number of Passenger for such conferences with details of location etc.

Signature of Proprietor/Partner/Managing Director
Rubber Stamp

Place:

Date: