FORM III

APPLICATION FOR REGISTRATION OF A TRAVEL AGENT/ TOUR OPERATOR
[See Rule 4 AND 24 ]
(E/ W/ N/ S)

No.................. Date.....................

To,

The Prescribed Authority,

Sir,

I/We request that I/ we may be registered as a Travel Agent / Tour Operator under Rule 24 of the Sikkim Registration of Tourist Trade Rule, 2008 for............................................ The particulars required for the purpose are given hereinafter:-

1. Name of the applicant with address (Capital letters).................................................................................................................................


3. Name of the firm............................................................................................

4. Whether the firm is a proprietary/ partnership/ private or public or public Ltd. Co: .................................................................

5. Names of Director/ Directors/ Partner/ Partners :.................................................................

6. Location, size and standard of office,
7. Standard of furniture

Certificate of Tourism & Travel Management / Capacity Building Training.

9. Details of persons employed with educational/ technical education., supported by documents.

10. Exact location of the office with postal address.

11. Indicate the activities under taken by the firm:-
   (a) Travel arrangement:
   (b) Sight seeing:
   (c) Hotel booking:
   (d) Air Booking:
   (e) Hiking/trekking:
   (f) Mountaineering:
   (g) Any other activities:
   (h) Reputation experience and efficiency
      of Travel Agent / Excursion Agent

12. Details of Staff Employed with educational/ technical qualification, supported by documents.

13. Eco-friendly practices and any other facilities, including use of natural flower/plants, promotion of Sikkimese handicrafts and handlooms.

14. Whether affiliated to any other Association

15. Telephone number (s)
    E.Mail Address
    Website:

16. Whether own building or rented:

17. Grade applied for.
18. An affidavit duly attested by a Magistrate/ Notary/Oath Commissioner to the effect that he does not possess any disqualification under Section 2 (I) of the Act.

Yours faithfully,

(Signature of the Applicant)

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ACKNOWLEDGEMENT

1. Name of the Applicant ............................................................................................................

2. Fee receipt No. B.R. No./Challan ............................................................................................

3. Date of receipt of Applicant ....................................................................................................

Signature of Official
(Seal of Office)