



गढ़वाल मण्डल विकास निगम लि0 74/1, राजपुर रोड़, देहरादून।

(उत्तराखण्ड शासन का प्रतिष्ठान )

C.I.N.N0 U 31101UR 1976SGC004259

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**APPLICATION FORM FOR THE APPOINTMENT OF AUTHORIZED  
TRAVEL AGENCY OF GMVN  
(A govt. of Uttarakhand Undertaking)**

**(A) REGISTRATION**

- (1) Name & Style of Firm/Travel Agency -----
- (2) Date of Registration/Incorporation -----
- (3) Location of Registered Office with  
Telephone/Fax nos & e-mail Address -----
- (4) Address of any other office from  
Where Travel Trade activities are  
Being carried out by the applicant  
along with Tel/Fax nos and e-mail  
address, if any. -----

**(B) OWNERSHIP**

- (5) Whether the firm is:-  
(A) Individually Owned -----  
(b) Partnership Firm -----  
(c) Private Ltd. Firm -----  
(d) Limited/Public Firm -----
- (6) Name's of owner/Partners/Directors  
of the Firm, their addresses,  
Qualifications and experience in the  
relevant field. -----  
(Attach separate sheet, if requested.) -----
- (7) Travel Trade document recognized  
by Govt. of India Tourism Deptt. or any  
state Tourism corporation. -----

**(C) FINANCIAL**

- (8) Name and Address of Banker's  
With A/C No. & IFSC Code -----
- (9) Turnover achieved by the firm,  
in respect of Travel Trade Business  
During the last three years. -----
- (10) Income Tax Clearance from the Income  
Tax Department. (Attach Xerox copy) -----

AND

Agency Sought for the Area of

Do you have any objection to having  
Your premises inspected by officials  
of GMVN prior to entering into an  
Agreement for authorized travel agency.

(13) Do you presently provide air/ rail/  
surface Transport reservation facility  
to your clients

(14) Are you a member of

LATO/TAAI/LAT  
or any other such organizations.

(15) Name of experience of personnel  
Employee by you for carrying  
Travel Trade activities/business.

(16) Are you registered with the State  
with Tel/Fax nos and e-mail  
Tourism Deptt. Of your state  
along with Tel/Fax nos and e-mail

(17) Are you working as GSA/PSA  
along with Tel/Fax nos and e-mail  
along with Tel/Fax nos and e-mail  
Authorized Travel Agency  
along with Tel/Fax nos and e-mail  
along with Tel/Fax nos and e-mail  
of any State Tourism Development

(C) **CORPORATIONS.**

(18) Application form must be  
recommended Through the nearest  
GMVN PRO Camp.

The above details provided herein are true and correct To the best of my knowledge  
information & belief.

Date:-

Place :-

(SIGNATURE & NAME OF AUTHORIZED  
SIGNATORY FOR & ON BEHALE OF APPLICANT)

SEAL OF THE COMPANY

MD