



गढ़वाल मण्डल विकास निगम लि०  
74/1, राजपुर रोड़, देहरादून।  
(उत्तराखण्ड शासन का प्रतिष्ठान )

C.I.N.NO 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) OWNERHIP**

- (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) Minimum 5 years Travel Trade Business experience Bonafied document recognised by Govt. of India Tourism Deptt.or any state Tourism corporation. -----

**(c) FINANCIAL**

- (8) Name and Address of Banker's -----
  
- (9) Turnover achieved by the firm, -----  
in respect of Travel Trade Business -----  
During the last three years. -----
  
- (10) Inome Tax Clearanec from the Income -----  
Tax Department.(Attach Xerox copy) -----
  
- (11) Agency Sought for the Area of -----
  
- (12) 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 -----  
Employed by you for carrying out -----  
Ravel 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 -----

