GOVERNMENT OF SIKKIM
DEPARTMENT OF TOURISM
GANGTOK.

FORM III

APPLICATION FOR REGISTTRATION OF A TRAVEL AGENT/ TOUR OPERATOR

[See Rule 4 AND 24]
(E/ W/ N/ S)

No……..…….. Date…….....

To,

The Prescribed Authority,

Photo of the Applicant

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).....
   .....
2. Domicile Certificate/ Certificate of Identification.
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.....

8. Educational Qualification/ Technical qualification.
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 posses any disqualification under Section 2 (I) of the Act.

Yours faithfully,

(Signature of the Applicant)

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)