

**APPLICATION FOR SGST REFUND UNDER MAHARASHTRA TOURISM
POLICY 2024**

For Office use:

Application Number (For Office Use)	-
Date of Receipt (For Office Use)	-

To,
Director,
Directorate of Tourism,
Sakhar Bhavan, 4th Floor, Plot No. 230,
Nariman Point- 400021

Sir/Madam,

In accordance with the Eligibility Certificate issued by the Tourism Department under Maharashtra Tourism Policy 2024 , application is submitted for sanction of refund of SGST subject to the quantum of admissible incentive of Rs. -----
(Rupees in words _____) for the period from _
//_/____ to __/__/____. The amount of SGST payable and paid under the
MGST Act-2017 for the above period are shown in the Form as per Annexure-B.

1. Eligibility Certificate Number:

2. The details of incentive sanctioned and/or disbursed to the eligible unit under the Eligibility Certificate number ----- dated ----- up to date of this application are provided below : -

Sr. No.	Period	Incentive sanctioned	Date of Sanction	Disbursement of Incentive	Date of Disbursement

3. Details of Electricity Duty Exemption availed during the claim period

Sr. No.	Month and Year	Amount

4. Total amount of Electricity Duty Exemption availed till the end of the quarter prior to the claim period, if any:

5. Stamp Duty exemption availed during the claim period, if any

Sr. No.	Type of Document	Name of Registering office	Date of Registration	Amount of exemption availed

6. Total amount of stamp duty exemption availed till the end of the quarter prior to the claim period, if any:

Sr. No.	Month	Amount of Royalty Refund sanctioned	Amount of Royalty Refund sanctioned

7. Total amount of Royalty Refund actually availed till the end of the quarter prior to the claim period, if any:

I / We hereby agree that in the event of any reduction in my / our SGST liability as a result of any decision in appeal, revision as a result of any judgment of tribunal or court or for any reasons whatsoever including any mistakes in calculation the amount of incentives determined at a lower amount or determined at Nil, I/We shall repay the excess amount so disbursed along with interest @ 15% per annum or such other rates as may be determined by the implementing agency.

Name of the Authorized Signatory:

Date:

Signature of the Authorized Signatory:

Annexure – A

Application for refund of quantum of SGST paid by the eligible tourism unit during the period of incentive as per the Entitlement Certificate issued by the Tourism Department under Tourism policy.

(All amounts in Rs. Lakh)

1. Name of the eligible unit:

2. Address of Eligible unit:

3. Eligibility Certificate No:

4. Date of the Eligibility Certificate:

5. Accounting year followed:

6. Period for refund of SGST:

7. Bank details of eligible units

Bank and Branch Name:

Branch Address:

Branch IFSC Code:

Account number:

Annexure - B

Certification of SGST Liability

Accompaniment to Annexure A for application for refund of SGST under Maharashtra Tourism Policy 2024.

(To be certified by GST Auditor)

(For the period from __/__/__ to __/__/__ of Financial Year ____
_)

(Rs. in Lakh)

1. Name of the eligible unit:
2. Address of the eligible unit:
3. No. and date of Eligibility : No. Date

Certificate.

4. GST Registration number with date and date of effect:

a) Under MGST Act-2017 : Date -----

Date of Effect:

GST No:

5. Set-off admissible on SGST payable, if any:

6. Details of total SGST paid for the above:

Sr.No.	Date	Amount of SGST paid	Name of Bank & Branch

Name of the Authorized Signatory:

Date:

Signature of the Authorized Signatory:

Certificate

I / We hereby certify that from the examination of the Book of Accounts and other relevant records of the applicant

M/s. _____ that the Statements made and particulars furnished there in are correct.

I / We hereby further certify that the figures shown are only in respect of various incentives claimed only under the State Tourism Policy-1999/2006/2016 and to the extent of SGST paid by the Eligible Unit at _____ for which Eligibility Certificate Number at _____ has been issued under the State Tourism Policy.

I / We further certify that the applicant M/s. _____ maintained separate accounts and records of expansion project (Para applicable for expansion cases).

Name of the Statutory Auditor:

Date:

Signature of the Authorized Signatory:

Seal Stamp of Registration No:

Annexure - C

(On company's letter head)

Anticipated SGST liability (After adjustment of admissible set off and credits)

Name of the unit:

Location:

Eligibility Certificate number & Date:

We hereby state that the anticipated SGST liability pertaining to
afore- stated Eligibility Certificate, for next financial year () is
as under;

Under MGST Act, 2017:

The details are as under-

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Name of the Authorized Signatory:

Date:

Signature of the Authorized Signatory: