



**Application form for Eligibility Certificate under Maharashtra  
Tourism Policy (MTP) – 2024**

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

**General Details**

1. Name of Applicant/Tourism Unit

2. Provisional Certificate Number

3. GST Number

4. **Entrepreneurs Profile (Of All Partner/Directors of the Organization)**

Name	Designation	Ownership percentage	Gender	Age

\*If more profile's, kindly provide the details on a blank page in the table format given above

**Project Description**

5. Date of commercial commencement: \_\_ / \_\_ / \_\_\_\_

6. Details of operations -  Owner  Third Party

## Project Details

Component	Eligible Capital Investment	Cost Component	Asset Age/ Residual Age( If applicable)	Ownership Status
Capital cost of the project (₹ in Lakh)	Structures and Buildings; Trees			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Indigenous and Imported machinery and equipment			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Material handling equipment			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Mechanical, electrical and plumbing installations			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Fixtures, Furniture's and Fittings			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Waste treatment facilities			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Transformer Generator			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Captive Power Plants/ Renewable energy sources			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Utility and installation charges			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
Other Investments	Quality related investments			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable
	Sustainability Initiatives			<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Not Applicable

**Enclosures:- Tick mark necessary documents enclosed with the application form**

Document Type			
<input type="checkbox"/>	Travel for LiFE certificate	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Bills of Sustainability Investments	<i>Kindly provide the details below under other documents</i>	
<input type="checkbox"/>	CA Certificate of Capital investment	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Project Report	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Copy of Licence under Shop & Establishment Act, Licence under Food & Drug Administration.	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Star Classification Certificate	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	NOC from Maharashtra Pollution Control Board.	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Audited Balance Sheets for the year in which project has been commenced and thereafter up to – date.	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Proof of commencement of commercial operation - First sale bill copy or relevant extract of the Excise Register.	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Declaration by the Director of the Company / partner / Proprietor, main Trustee regarding date of commencement of commercial operations of the project on letterhead	Doc No:	
		Date of Issue:	
<input type="checkbox"/>	Completion Certificate as on the date of commencement of commercial operations of the tourism project as per format enclosed.	Doc No:	
		Date of Issue:	

<input type="checkbox"/>	Maharashtra state GST registration certificate	Doc No:	
		Date of Issue:	
Other Documents ( Specify name and other details in the space provided below)			
1		Doc No	
		Issue Date	
		Validity Date	
2		Doc No	
		Issue Date	
		Validity Date	
3		Doc No	
		Issue Date	
		Validity Date	
4		Doc No	
		Issue Date	
		Validity Date	
5		Doc No	
		Issue Date	
		Validity Date	

**Note:**

1. **All documents should be self-attested by the applicant.**
2. **In case of multiple NOC/Certificate/Insurance please fill details in "Other Document" section as mentioned above.**
3. **In case of more than 5 other documents please provide details on an additional blank page.**
4. **Fields marked with \* are mandatory.**

### **Declaration**

- 1. Certified that no claim for incentives has been sanctioned or disbursed to the project / unit aforesaid and that this is the first application in regard to the project / unit aforesaid.**
- 2. Certified that the information / statement contained in this application are true to the best of my / our knowledge and belief.**
- 3. Declared that no Government enquiry has been instituted against the applicant unit and / or any of its Proprietor / Partner(s)/ Director(s) of this applicant unit for any economic offence.**
- 4. We hereby agree to abide by the terms and conditions of the claim sanction to be issued.**
- 5. We hereby agree that the Certificate of Entitlement / claim sanction letter issued on the basis of the above statements made and information furnished either along with this application or hereafter in connection with the above matter is liable to be cancelled ab-initio or rendered invalid or withdrawn if any of the statements and / or information is / are found to incorrect / untrue. All the momentary benefits already availed of on the basis of the Claim Sanction so cancelled shall be recoverable as Government dues forthwith along with simple interest at @ 12 % per annum (Simple Interest) or at such other higher rate as may be fixed by the Implementing Agency from time to time and no further benefits will be available to the project unit for which the above application is made. The applicant will be liable to the relevant legal prosecution by the Government in such a situation.**

**Signature of the applicant Proprietor / Partner / Director / Trustee**

**Place:**

**Date:**

**(This application shall be signed only by any one of the persons indicated above with appropriate rubber stamps of the applicant and designation of the signatory).**