

**APPLICATION FORM**  
**EMPLOYMENT GENERATION SUBSIDY**

(Under 'Chapter 10; Fiscal Incentives & Benefits', of the Uttar Pradesh Tourism Policy 2018)

*(Note: Applicable across the state of Uttar Pradesh. The Tourism Unit must have employed more than 50 employees for a period not less than 335 days during the year to qualify for this reimbursement. The reimbursement will be made only in respect of those employees that are domicile of Uttar Pradesh and who are entitled and required to become a member of the Employee Provident Fund, under Section 26(1)(a) of the EPF Scheme 1952. The Tourism Unit can claim this reimbursement for the whole year at a time in subsequent year)*

**PART 1**

1.1	<b>Category of the Tourism Unit</b> <i>(Please see 'Chapter 9; Definitions', of the Uttar Pradesh Tourism Policy 2018)</i>	
1.2	<b>Name of the Tourism Unit</b>	
1.3	<b>Complete Postal Address of the Tourism Unit</b> <i>(With Telephone, Mobile Number &amp; Email ID)</i>	
1.4	<b>Name of the Legally Authorized Person on behalf of the Tourism Unit, to sign the application form</b> <i>(With Designation, Mobile Number and Email ID; Attach Government Photo ID)</i>	
1.5	<b>Name of the Promoter(s) / Owner(s) / Company</b> <i>(Attach additional sheet with a brief note on the business antecedents)</i>	
1.6	<b>Registration Certificate Number &amp; Date</b> <i>(Attach copy, as Issued by the Department of Tourism, Government of Uttar Pradesh)</i>	

1.7	<b>Status of Promoter(s) / Owner(s) / Company</b> <i>(Tick the applicable option and attach the Certificate of Incorporation/Registration, MOA, AOA, PAN (Of the Promoter(s) / Owner(s) / Company &amp; tourism unit, GSTIN and other relevant incorporation documents from the competent authority)</i> <ul style="list-style-type: none"> <li>• Public / Private Limited Company</li> <li>• Partnership Firm</li> <li>• Proprietorship Firm</li> <li>• Society</li> <li>• Trust</li> <li>• Legal Entity, other than listed above</li> </ul>															
1.8	<b>Registration Number &amp; Date of Establishment</b> <i>(Of the certified entity, as listed in Point 1.7 of the application form above)</i>															
1.9	<b>Start Date of Commercial Operations</b> <i>(Attach the following documents)</i> <ol style="list-style-type: none"> <li>I. Copy of first GST return</li> <li>II. Copy of the latest GST return at the time of submission of the application form</li> <li>III. Copy of first lodging/F&amp;B bill</li> </ol>															
1.10	<b>Colored Photographs</b> of the Tourism Unit, and its employees at work <i>(Attach photographs)</i>	<ul style="list-style-type: none"> <li>• Attached</li> <li>• Not Attached</li> </ul>														
1.11	<b>Bank Details of the Tourism Unit, for transfer of the reimbursement</b> <i>(Attach a copy of the cancelled bank cheque with name of the authorized signatory. Use additional sheet, if required)</i> <table border="1" data-bbox="272 1290 1453 1606"> <thead> <tr> <th data-bbox="272 1290 938 1335">Particular</th> <th data-bbox="946 1290 1453 1335">Details</th> </tr> </thead> <tbody> <tr> <td data-bbox="272 1335 938 1379">Name of the Account Holder</td> <td data-bbox="946 1335 1453 1379"></td> </tr> <tr> <td data-bbox="272 1379 938 1424">Bank Account Number</td> <td data-bbox="946 1379 1453 1424"></td> </tr> <tr> <td data-bbox="272 1424 938 1469">Name of the Bank</td> <td data-bbox="946 1424 1453 1469"></td> </tr> <tr> <td data-bbox="272 1469 938 1514">Bank Branch Address</td> <td data-bbox="946 1469 1453 1514"></td> </tr> <tr> <td data-bbox="272 1514 938 1559">Bank Branch IFSC</td> <td data-bbox="946 1514 1453 1559"></td> </tr> <tr> <td data-bbox="272 1559 938 1606">Bank Branch MICR Code</td> <td data-bbox="946 1559 1453 1606"></td> </tr> </tbody> </table>	Particular	Details	Name of the Account Holder		Bank Account Number		Name of the Bank		Bank Branch Address		Bank Branch IFSC		Bank Branch MICR Code		
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**PART 2**

*(Employee Details of the Tourism Unit)*

2.1	<b>Brief Description about the Tourism Unit</b> <i>(Attach additional sheet for this information)</i>	
2.2	<p><b>Employee Details</b> Provide the number of current employees in the tourism unit, as below:</p> <ul style="list-style-type: none"> <li>• Total Number of Employees: _____</li> <li>• No. of days during the year for which the employee strength fell to 50 or below: _____</li> </ul> <p><i>(Use additional sheets to provide a list if all employees, with their name, date of birth, gender, employee ID and Aadhaar Number)</i></p>	
2.3	<p><b>Details of EPF Contribution</b></p> <ul style="list-style-type: none"> <li>• Provide details of qualifying employees (Name, Aadhaar Number, UP Domicile Certificate Number and Monthly Employer's Contribution of EPF, in the template provided in Annexure A</li> <li>• Attach month-wise Electronic Challan cum Return, stating the details of the establishment and month-wise employer's contribution of EPF for each qualifying employee, as issued by the EPFO</li> <li>• Attach Uttar Pradesh Domicile Certificate and Aadhaar Card of each qualifying employee of the tourism unit</li> </ul>	
2.4	<b>Employment Generation Reimbursement Claimed</b> <i>(Please refer 'Appendix – Policy Provision')</i>	₹
2.5	<b>Detail of any Employment Generation Benefit Claimed / Received</b> from any other Department of Central or State Government for this unit	
2.6	<b>Any other Information</b> from the competent authority, applicant feels necessary to share for this claim	

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### INSTRUCTIONS

1. All applications must be addressed to:  
*The Director General*  
*Department of Tourism, Government of Uttar Pradesh*  
*Paryatan Bhawan*  
*C-13, Vipin Khand, Gomti Nagar, Lucknow – 226010*
2. This incentive is applicable across the state of Uttar Pradesh
3. The information provided in the application form and all supporting documents must be authentic and valid at the time of submission of the application form.
4. The complete application form and all supporting documents submitted must be self-attested, by the authorized representative of the tourism unit.
5. All required documents must be attached with the application form.
6. The Department of Tourism, Government of Uttar Pradesh, may call for any additional documents, if required, from time to time.
7. The application form must be completed in all respect and necessary supporting must be attached with the application form.
8. Use additional sheets, to provide the required information, wherever necessary.

**ANNEXURE A**

*(Details of Qualifying Employees of the Tourism Unit for the Employment Generation Subsidy)*

Name of the Tourism Unit: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Month and Financial Year: _____						
S. No. of the EPF Electronic Challan cum Return in respect of the Qualifying Employee	Employee Name	Aadhaar Number	UP Domicile Certificate Number	Employer's Contribution for the Month (In ₹)	EPF	

Attach Electronic Challan cum Return for the month, as issued by the EPFO

**Instructions:**

- Provide separate month-wise tabular information and Challan as above
- Attach Uttar Pradesh Domicile Certificate and Aadhaar Card of each qualifying employee of the tourism unit
- For any given financial year, the reimbursement claim shall be made in the subsequent financial year

**AFFIDAVIT**

*(On General Stamp Paper of ₹100/- to be purchased in the State of Uttar Pradesh in the name of the Department of Tourism, Government of Uttar Pradesh, and to be sworn before a Public Notary)*

I/We ..... hereby state that, I/we have registered the Tourism Unit [Name] \_\_\_\_\_ under the Uttar Pradesh Tourism Policy 2018, with Registration Number \_\_\_\_\_, as issued by the Department of Tourism, Government of Uttar Pradesh.

I/We hereby declare that statements in the application form and enclosed documents are true and correct to the best of my/our knowledge and belief. I/We fully understand that any reimbursement amount granted to me/us on the basis of the statement/documents furnished, and failure to abide by the terms and conditions listed under the Uttar Pradesh Tourism Policy 2018 & rules of the Government of Uttar Pradesh, is liable to be recovered with 15% simple interest by the Department of Tourism, Government of Uttar Pradesh.

Authorized Signatory  
Seal and Signature  
(With Name, Address, Email ID and Contact Number)

Place:

Date:

**Appendix – Policy Provision**

*(Chapter 10; Fiscal Incentives & Benefits, Point 11; Employment Generation Subsidy)*

75% reimbursement (for male worker) & 100% reimbursement (for female workers) of EPF expenditure (Employer's contribution) for a period of 5 years for workers who are domicile of the State, to units employing more than 50 employees.

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