

APPLICATION FORM

SPECIAL INCENTIVE FOR DISABLED

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

(Applicable across the state of Uttar Pradesh. Differently Abled Employees of the Tourism Unit, with 40% or more disability will be eligible for this incentive)

PART 1

1.1	Category of the Tourism Unit <i>(Please see 'Chapter 9; Definitions', of the Uttar Pradesh Tourism Policy 2018)</i>	
1.2	Name of the Tourism Unit	
1.3	Complete Postal Address of the Tourism Unit <i>(With Telephone, Mobile Number & Email ID)</i>	
1.4	Name of the Legally Authorized Person on behalf of the Tourism Unit , to sign the application form <i>(With Designation, Mobile Number and Email ID; Attach Government Photo ID)</i>	
1.5	Name of the Promoter(s) / Owner(s) / Company <i>(Attach additional sheet with a brief note on the business antecedents)</i>	
1.6	Registration Certificate Number & Date <i>(Attach copy, as Issued by the Department of Tourism, Government of Uttar Pradesh)</i>	
1.7	Status of Promoter(s) / Owner(s) / Company <i>(Tick the applicable option and attach the Certificate of Incorporation/Registration, MOA, AOA, PAN (Of the Promoter(s) / Owner(s) / Company & tourism unit, GSTIN and other relevant incorporation documents from the competent authority)</i> <ul style="list-style-type: none"> • Public / Private Limited Company • Partnership Firm • Proprietorship Firm • Society • Trust • Legal Entity, other than listed above 	

1.8	Registration Number & Date of Establishment (Of the certified entity, as listed in Point 1.7 of the application form above)															
1.9	Start Date of Commercial Operations (Attach the following documents) I. Copy of first GST return II. Copy of the latest GST return at the time of submission of the application form III. Copy of first lodging/F&B bill															
1.10	Colored Photographs of the Tourism Unit, & disabled employees at work (Attach photographs)	<ul style="list-style-type: none"> • Attached • Not Attached 														
1.11	Bank Details of the Tourism Unit, for transfer of the incentive (Attach a copy of the cancelled bank cheque with name of the authorized signatory. Use additional sheet, if required)															
	<table border="1"> <thead> <tr> <th>Particular</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>Name of the Account Holder</td> <td></td> </tr> <tr> <td>Bank Account Number</td> <td></td> </tr> <tr> <td>Name of the Bank</td> <td></td> </tr> <tr> <td>Bank Branch Address</td> <td></td> </tr> <tr> <td>Bank Branch IFSC</td> <td></td> </tr> <tr> <td>Bank Branch MICR Code</td> <td></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		
Particular	Details															
Name of the Account Holder																
Bank Account Number																
Name of the Bank																
Bank Branch Address																
Bank Branch IFSC																
Bank Branch MICR Code																

-----X-----

PART 2

(Details of the Differently Abled Employees of the Tourism Unit)

2.1	Brief Description about the Tourism Unit <i>(Attach additional sheet for this information)</i>	
2.2	Number of Differently Abled Employees in the Tourism Unit, with 40% or more disability <ul style="list-style-type: none"> · Provide details of qualifying differently abled employee (Name, date of birth, gender, address, employee ID and Aadhaar Number, in the template provided in Annexure A · Attach Disability Certificate issued by the competent authority and Aadhaar Card of each qualifying differently abled employee 	
2.3	Reimbursement Amount Claimed <i>(Please refer 'Appendix – Policy Provision')</i>	₹
2.4	Detail of any Disability Benefits Claimed / Received from any other Department of Central or State Government for this unit	
2.5	Any other Information from the competent authority, applicant feels necessary to share for this claim	

-----X-----

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. Differently Abled employees of the tourism unit, with 40% or more disability are eligible for this incentive
4. This incentive is payment to the tourism unit in respect of salary paid to its differently abled employees, and can be availed once in a year for the previous financial year, during the operative period of the policy
5. 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.
6. The complete application form and all supporting documents submitted must be self-attested, by the authorized representative of the tourism unit.
7. All required documents must be attached with the application form.
8. The Department of Tourism, Government of Uttar Pradesh, may call for any additional documents, if required, from time to time.
9. The application form must be completed in all respect and necessary supporting must be attached with the application form.
10. Use additional sheets, to provide the required information, wherever necessary.

ANNEXURE A

(Details of the Differently Abled Employees of the Tourism Unit)

Name of the Tourism Unit: _____

Financial Year: _____

S. No.	Employee Name & Employee ID	Date of Birth	Gender	Address	Aadhaar Number	Number of Full Months Employed During the Year
1.						
2.						
3.						
4.						
5.						

Instructions:

- Provide details of qualifying differently abled employee (Name, date of birth, gender, address, employee ID and Aadhaar Number, in the template provided above)
- Attach Disability Certificate issued by the competent authority and Aadhaar Card of each qualifying differently abled employee, along with the application form

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 incentive 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 12; Special Incentive for Disabled)

Payroll assistance of INR 500 per month per worker to units employing differently abled workers, subject to a maximum of five workers in a unit.

-----End of Document-----