

Form 2B
**Form for Application for Eligibility Certificate (EC) for application for Incentives under
 Tourism Policy 2016**

SECTION	PARTICULAR
A	General Details
B	Project/ Enterprise Details
C	Actual Investment Details
D	Instructions

Section A: General Details

Applicant/Company Name: _____

Type of Enterprise: Proprietorship Partnership Private Ltd. Public Ltd. Co-operative LLP

Correspondence Address Details:

Address: _____

State: _____ Pin Code: _____

District: _____ Cell Phone No: _____

Taluka: _____ Telephone No: _____

Village/City: _____ Fax No: _____

Email ID: _____

Project Site Address Details:

Address: _____

State: _____ Pin Code: _____

District: _____ Cell Phone No: _____

Taluka: _____ Telephone No: _____

Village/City: _____ Fax No: _____

Email ID: _____ Website: <http://> _____

Entrepreneurs Profile (Of All Partner/Directors of the Organization):

(Use separate sheets, if required)

Sr.	Name	Gender	Age
1		M / F	
2		M / F	
3		M / F	
4		M / F	

Section B: Project/Enterprise Details

Please mention type of project: New Tourism Unit Expansion

Whether the Project is under Zone A, B, C, STD, STZ? If Yes, Please Specify: _____

Date of issue of Provisional Registration Certificate: _____

Any extension sought for Provisional Registration: _____
(If yes, Please specify date)

Date of Commencement of Investment Period: _____

Date of completion of 'Final Effective' steps as per Tourism Policy Section 5.7: _____

Date of Commencement of commercial operations: _____

Tourism Unit Category:

Please indicate the following:

<input type="checkbox"/> Hotel <input type="checkbox"/> One to Five Star Hotel <input type="checkbox"/> Heritage	<input type="checkbox"/> Exhibition-cum-Convention Centers
Hotel <input type="checkbox"/> Apartment Hotel/Service Apartment	<input type="checkbox"/> Development of Hill Stations- Tourism Units
<input type="checkbox"/> Resort <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Adventure Tourism Projects
<input type="checkbox"/> Health & Wellness Spa <input type="checkbox"/> Health Farm	<input type="checkbox"/> House Boats
<input type="checkbox"/> Motel <input type="checkbox"/> Wayside Amenities	<input type="checkbox"/> Shacks
<input type="checkbox"/> Amusement Park <input type="checkbox"/> Water Sports	<input type="checkbox"/> Ecotourism Projects
<input type="checkbox"/> Arts and Crafts Village	<input type="checkbox"/> Museums and Aquariums
<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Medical Tourism Units
<input type="checkbox"/> Camping, Caravanning and Tent Facilities	<input type="checkbox"/> Projects approved by classification committee of the Tourism Department of the State Govt. or Govt. of India
<input type="checkbox"/> Aerial Ropeways	

Possession of Land

Permission for non-agricultural use of land for the proposed project

No Objection Certificate of Local Authority

Constitution & date of formation of the Company/ Partnership Firm / Public Limited Company / Trust / HUF / Co-operative / Other

Details of various approvals from Department of Government of India/Department of Government of Maharashtra/Local Body Authorities

Total fixed assets acquired at site/ total fixed assets envisaged in the project

(Minimum 10% of the total required)

Facilities created:

	Accommodation (Specify Types & No. of Rooms)	Restaurant	Bar	Lounge	Reception	Parking	Other Amenities
New Units							
Area							
Capacity							
Eligible Units Undergoing Expansion							
Existing Area							
Existing Capacity							
Additional Area							
Additional Capacity							

Brief Description of the project

Section C: Actual Investment Details

Please provide the below information:

Project Cost: _____ (₹)

Total No. of People employed on the Tourism Project: _____

Date of commencement of construction of the Project: _____

Component	Estimated Cost (₹ in Lakh)	Investment already made on or after the date of coming into effect of the scheme (₹ in Lakh)
Land Area: _____ (In Sq. Meters) Type: <input type="checkbox"/> Lease <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Building Type: <input type="checkbox"/> Lease Rent <input type="checkbox"/> Own		
Plant & Machinery		
Engineering Fees		
Preliminary and Preoperative Expenses		
Margin for Working Capital		
Total		

Means of Finance:

	Amount(₹ in Lakh)
Share Capital Promoters/Financial Institutions/Public	
Terms Loans Financial Institutions/Banks	
Unsecured Loans	
Others (If Any)	
Total	

Details of incentives availed/availing under earlier scheme of Tourism Policy or any other scheme of State Government (in case of existing unit)?: Yes/No

If yes, provide the following details:

Eligibility Certificate No: _____ Eligibility Date: _____

Present Status of the Project(s): _____

Type of Project: In Case of Expansion by Existing Tourism Unit	
Type of Existing Tourism Project:	
Existing Capital Investment (₹ in Lakh):	

Declaration

1. Declared that no Government enquiry has been instituted against the applicant and/or its proprietor/partners/directors for any economic offence.
2. We hereby agree to abide the terms and conditions of Provision Registration/Eligibility Certificate to be issued in pursuance of the above application.
3. I/We hereby agree that the Temporary Registration/Eligibility Certificate issued on the basis of the above statements made and information furnished is liable to be cancelled abinitio and withdrawn, if any of the statements and/or information is/are found to be incorrect/untrue.
4. All the monetary benefits already availed of on the basis of the Eligibility Certificate so cancelled shall be recoverable as Government dues forthwith along with compound interest @ 22.5% per annum 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.

Signature of the Applicant

(Status): Proprietor/Partner/Chairman/

Managing Director/Director

Place :

Date :

Section D: Instructions

ALL THE INSTRUCTIONS REGARDING FILING THE APPLICATION FOR INCENTIVES FOR ELIGIBILITY CERTIFICATE (FOR UNIT) UNDER TP-2016 AND EVIDENCE IN SUPPORT THEREOF TO BE FURNISHED.

1. The application in Form No. 2-B is to be filed only when the applicant proposes to setup a new unit or in case of expansion of existing unit and seek Eligibility Certificate under TP-2016.
2. The application should be made:-To the Directorate of Tourism, Government of Maharashtra.

3. The application should be filed only after initial and final effective steps are completed; along with documentary evidence for completion of initial and final steps. Provisional registration with the Directorate of Tourism and commencement of commercial operations of the unit is mandatory before filing this application.
4. Please enclose the following documents -
 1. Please pay online processing fees of Rs.10,000/- on www.gras.mahakosh.gov.in & submit copy of challan with this application.
 2. Proof of **Identity of Applicant/Entrepreneur** viz. one of the following Government issued ID -
 - PAN Card / Passport / Driving License / Aadhar Card / Voter ID Card
 3. Proof of **Address of the Entrepreneur** viz. one of the following Government issued ID:
 - Passport / Driving License/ Electricity Bill/ Landline Telephone Bill/ Ration Card/ Voter ID Card
 4. Details of the Capital cost including Land, Building, and Plant & Machinery etc. Incurred by the eligible unit as on the date of commencement of commercial operations of the tourism project duly certified by a Chartered Accountant in the enclosed format.
 5. Architect's certificate in respect of building completed as on the date of commencement of commercial operations of the tourism project as per format enclosed.
 6. Declaration by the Director of the Company / partner / Proprietor, main Trustee regarding date of commencement of commercial operations of the project on letterhead.
 7. Proof of commencement of commercial operation - First sale bill copy or relevant extract of the Excise Register.
 8. Certificate of completion and necessary permission from respective authorities.
 9. Balance Sheets for the year in which project has been commenced and thereafter up to – date.
 10. Clearance from Maharashtra Pollution Control Board.
 11. Certificates of Registration of **GST**.
 12. Star Classification Certificate.
 13. Copy of Lodging House Licence, Eating House Licence, Police Permission, Licence under Shop & Establishment Act, Licence under Food & Drug Administration.
 14. Loan sanctioned letter form Bank. (if taken loan)

(Note: All documents should be self attested)

ANNEXURE –II
AUDITOR’S CERTIFICATE

I / We hereby certify that M/s. _____ have acquired the following assets at site and paid for it upto _____ at their tourism project location at _____.

Sr.No.	Item of Fixed Assets	:	Value (In Rs.)
1.	Land need for the Industrial Unit	:	
2.	Development of land	:	
3.	Building need for the Industrial unit under construction: a) Amount paid to the building contractor b) Amount paid for building materials c) Amount paid for wages and salaries etc. for building construction. d) Architect’s fees. e) Registration fees.	:	
4.	Electrical Installation a) Value paid for items at site. b) Advance and Deposit paid	:	
5.	Plant & Machinery a) Value paid for items at site b) Advance payment to machinery suppliers c) Loading, unloading, Transportation, Octroi Duties, erection expenses etc.	:	
6.	Intangible Assets, such as: a) Technical know-how and Engineering fees b) Pre-operative expenses capitalised as upto the date of commencement of operation (with details list) c) Preliminary expenses to be capitalised (with details list)	:	
7.	Miscellaneous fixed assets (with details list)	:	
8.	Miscellaneous deposits & advances.	:	
	TOTAL	:	

We further certify that above detailed expenditure is financed as under:

Place:

Date:

Signature of C.A.

Registration No.

Annexure- III

Name and Address of the unit :

Details of Fixed Capital Investment should be given in the following proforma:

Position as on

A]	Land needed for the Tourism unit		
1.	Date of Purchase	:	
2.	Value of Purchase	:	
B]	Building needed for Tourism unit		
1.	Date of completion of building/ Part thereof	:	
2.	Value as per Engineers/ Architect Certificate	:	
3.	Amount spent on the building	:	

LIST OF PLANT AND MACHINERY

Sr.No.	Bill/invoice no. & date of purchase	Item purchased	From whom purchased	Purchase value	Amount actually paid	Whether new or Second hand	Whether indigenous or imported

Place:

Date:

Signature of C.A.
Registration No.

Note: List of Plant & Machinery is to be given strictly as per chronological dates of purchase.

I/ We further certify that above detailed expenditure is financed as under:

1	Share Capital	:	
a	Promoters	:	
b	Public	:	
2	Term Loans	:	
a	SICOM Ltd	:	
b	MSFC	:	
c	Bank	:	
d	Others (Give details)	:	
3	Central Government Subsidy/ Special Capital Incentives	:	
4	Sales Tax Refund Loan	:	
5	Unsecured Loans/ Deposits	:	
6	Other Sources (give details)	:	
7	Creditors for suppliers	:	

I / We have checked the books of accounts of the unit, the invoices, etc. and certify that the aforesaid information is verified and found to be true. We also certify that the aforesaid items have been fully paid for and no credit is raised there against in the books of the unit except as stated hereinabove.

Place:

Date:

Signature
Chartered Accountant.
Registration No.

ANNEXURE – I
ARCHITECT’S CERTIFICATE

Name & Address of Architect:

We hereby certify that site development and civil work for _____ (Name of company) for _____ (Address of the company) at _____ (Location) have so far between completed from _____ to _____ as detailed below:

I.	Structure* (With area in sq.ft)	Value Originally Estimated	Value of completed work	Likely amount required for completion
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				
Total				

II.	Value of materials at site	:	
III.	Total amount certified for payment for building contractor up till now. (Civil & Structural contractors)	:	
IV.	Retention Amount	:	
V.	We further certify that works completed by M/s. _____ is as per building plan approval by Nagar Parishad/ Grampanchayat/ MIDC/CIDCO/Town Planning/Collector/ Competent authority for the purpose of Tourism Unit.		

Place:

Date:

Signature:

Name of Architect:

Registration No.

*Details to be given separately for main Plant Buildings, Administrative Building, Godown, Laboratory, Time Office, Watch & Ward, etc. Internal Roads, Fencing, Gate Levelling and period of civil construction be indicated, rate of construction, type of construction.