



MINISTRY OF TOURISM

Proposal Submission for Central Financial Assistance for IT Initiatives

General Information

For Official Use Only:

Plan Year _____ **File No.** _____

Application Date (in dd/mm/yyyy format) ___/___/___

Proposing Agency _____

Scheme _____

Project Name _____

Project Detail: (Attach additional Sheets for more Details)

Duration for Project Completion (in months) _____

Primary Implementing Agency _____

Primary Site Address (Please give complete Address of the Site):

City / Town _____

State* _____ **District** _____

PIN Code

Project Co-ordinator _____

Phone _____ **Fax** _____

E-mail _____



MINISTRY OF TOURISM

Proposal Submission for Product / Infrastructure Development of Destination & Circuits

General Information

Tourism Sector _____

Category _____ Sub-Category _____

State Govt. Letter No. _____ Date ____/____/____

Project Cost Details (Provide Value in Lakhs)

Total Project Cost _____

MoT Share _____

State Share _____

Other Sources _____

Sent hard copy of the proposal along

with all necessary enclosures: YES NO

Authorized Signatory

Annexure:

1. Form P _____
2. Forwarding Letter _____
3. Undertaking from State Government _____
4. Project Report _____
5. Approved Rate Certificate (ARC) _____
6. Undertaking for Form P _____
7. Equipment Specifications _____



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Form - P

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Project Location Details:

| Nearest | Name | Distance (in Kms) |
|-----------------|------|-------------------|
| Airport | | |
| Railway Station | | |
| Sea Port | | |
| Bus Stand | | |

No. of Tourists Visited for Previous Three Years:

| Year Visited | Domestic Visitors | Foreign Visitors | Total No. of Visitors |
|--------------|-------------------|------------------|-----------------------|
| | | | |
| | | | |
| | | | |

Note on Existing Facilities:

| Name of Existing Facility | Year of Purchase | No. of Equipments | Present Condition of Existing Equipment / Machinery |
|---------------------------|------------------|-------------------|---|
| | | | |
| | | | |
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| | | | |

* Use Separate Sheet for including more Facilities

Short Note: (Attach additional Sheets for more Details)

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Form - P

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Facilities to be Created (use separate sheets for each location)

Sl. No. _____

Location Name _____

District _____ Block _____

Executing Agency _____

| Equipment Name | Quantity | Unit Cost (in INR) | Total Cost (in INR) |
|----------------|----------|-----------------------|------------------------|
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| Total | | | |

* Attach additional Sheets for more Facilities