



MINISTRY OF TOURISM

Proposal Submission for Capacity Building for Service Providers

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 _____



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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 T _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



MINISTRY OF TOURISM

Form - T

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Activity Details (Add Additional Sheets for more Activities)

Sl. No. _____

Course Name _____

Nature of Training _____

Course Type** _____

Description _____

Location _____

District _____ **Block** _____

Executing Agency _____

Beneficiary Service Providers _____

Eligible Criteria:

Minimum Age _____ **Yrs** **Minimum Qualification** _____

Mode of Selection _____

No. of Batches _____ **Batch Size** _____

Duration _____ **Days/ Months** **Participation Fee** _____

Component Details:

Component	Proposed Amount	Remarks
Total		

* Attach additional Sheets for more Details

** Training & Certification or Certification only