

DEPARTMENT OF TOURISM, GOVERNMENT OF KERALA

APPLICATION FOR AWARDS OF EXCELLENCE IN TOURISM 2009-2010

CATEGORY II (7) Best Approved and Classified Ayurvedic Centre

1. Name of the Institution :
2. Mailing & E-mailing address
with Phone/Fax numbers :
3. Whether applicant is approved & classified
by Department of Tourism, Government of Kerala :
4. Specify whether OLIVE or GREEN LEAF
(Enclose copy of the certificate)
5. (A) Total Revenue earned by the applicant
during 2009-2010. :
- (B) Total Revenue earned by the applicant
during 2008-2009 :
- (C) Percentage change
(Please specify increase / decrease) over the last year :

(Chartered Accountants certificates indicating the Revenue for Ayurveda centres alone to be appended along with application)

DECLARATION

I / We hereby declare that the facts given above are true to the best of my / our knowledge and belief and are submitted for considering my / our application for State Tourism Awards 2009-10

Place:

Date:

Signature

*The application should reach **Director, Department of Tourism, Park View,**
Thiruvananthapuram – 695 033 on or before 06/09/2010*