

**DEPARTMENT OF TOURISM, GOVERNMENT OF KERALA**

**APPLICATION FOR AWARDS OF EXCELLENCE IN TOURISM 2009-2010**

**CATEGORY II (9) Best Approved Home Stay facility**

1. Name of the Institution :
2. Mailing & E-mailing address  
with Phone/Fax numbers :
3. Whether applicant is approved by DTPC /  
Department of Tourism, Government of Kerala :  
(Enclose copy of certificate)
4. (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
5. (A). No. of Guests handled during 2009-2010 :  
  
(B) No. of Guests handled during 2008-2009 :  
  
(C) Percentage change :  
(Please specify increase / decrease)  
over the last year.
8. Ambience and infrastructure :  
(Enclose photographs / CD to prove ambience and infrastructure)

(Certificates issued by Chartered Accountants indicating the Revenue for home stay facility 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.*