

APPLICATION FORM FOR RECOGNITION AS AN ACCREDITED TOUR OPERATOR IN KERALA



1) Name of the Organization

JAI MARUTHI HOLIDAYS AND TRAVELS

Type of the Organization

Head Office

Address of Head office

Valiamatom, Mavelikara

Alleppey, Kerala, India

PIN-690 101

Telephone Numbers

0479 2162736

9447758730

09020556623

0479 2162736

9447758730

09020556623

Fax Numbers

0479 2342260

0479 2342260

Email Address

jmholidays@gmail.com

Website Name

www.jmholidays.com

Address of the Branch offices(if any)

nil

2) Nature of the organization (Proprietary concern,Partnership or Incorporation)

Proprietary concern

3). Name of Proprietor/ Directors/ Partners Details of their interest

If in anyother business may also be denoted

G.Unnikrishnan

Details of their interest If in anyother business may also be denoted

	nil
4) Name, Designation, Qualifications, Experience, Salary and Length of Service of the staff with the firm (Attach documentary proof)	uploaded
Location area	Residential
Reception area(In square feet)	200
Accessibility to toilets (In metre)	10
6) Name of Bank	ICICI BANK LTD
7) Name of Auditors	CA Udaya Varma Bcom ,FCA
8) Demand Draft No	160727
Demand Draft Date	2009-11-13
Demand Draft Amount	5000
a) Paid up capital (capital employed)	501890
b) Loans	
i) Secured	0
ii) Unsecured	0
c) Reserves	0
d) Current liabilities and provisions	0
e) Total (3 to 6)	0
e) Total (3 to 6)	124650

f) Fixed assets (excluding intangible assets)	0
g) Investment	377240
h) Current assets	0
i) Intangible Assets	0
j) Total (8 to 11)	501890
10) Whether any activities are undertaken by the firm besides tour operations	NIL
11) Please indicate membership of International Travel Organizations, if any	NIL
12). Give details of volume of tourist traffic handled up to the date of application showing foreign and internal tourist traffic	10000
Clientele: special tourist groups handled	NIL
Name of group	Kulin Kumar
Size	1400
frequency	4
Steps taken to promote domestic tourist traffic and details of the groups handled, if any	YES
Special programmes if any, arranged for foreign tourists	BETWEEN FIVE TO TEN
13). Please indicate details of trained manpower available to operate such tours	SPECIAL CARE GIVEN
1) Undertaking	61258196883UNDERTAKING.pdf
2) Upload reference letter on original letter head from your bankers	61258196883UNDERTAKING.pdf

- 3) Details of staff employed giving names, designation qualification & experience if any, in tourism field (Copies of certificates to be enclosed), and length of service in your organization
- 4) Documentary proof (preferably registration certificates from govt.) in support of beginning of operations of your firm
- 5) Copy of Complete Audited Balance Sheet for the latest financial year
- 6) Income Tax Acknowledgement for the latest assessment year.
- 7). Service Tax Registration certificate from the concerned authority
- 8) Certificate of Chartered Accountant stating your paid-up capital not less than Rs. 4.00 lakhs
- 9) List of directors/Partners or name of the proprietor
- 10) Details of office premises (whether located in commercial or residential area, office
- 11). Certificate of Chartered Accountant on original letter head in support of your turnover in foreign exchange/Indian rupees from inbound tour operation only which should not be less than Rs. 7.5 Lakhs during the last financial/calendar year.
- 12). Certificate from the chartered accountant showing the details of volume of tourist traffic handled up to the date of application showing foreign and internal tourist traffic separately and proof of 25% of business from selling Kerala based products

81258199201staffdetailsnew.pdf

11258197078registration.pdf

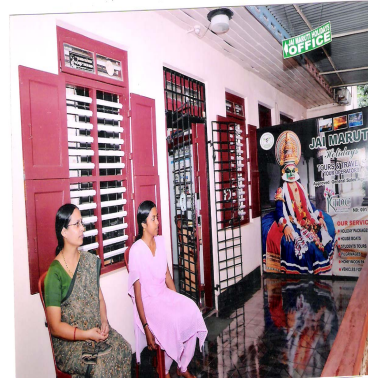
21258197481audit.pdf

31258197481incometax.pdf

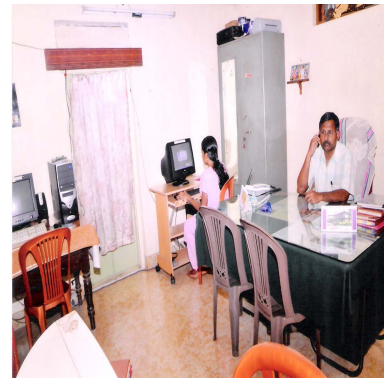
41258197685SERVICE TAX.pdf

51258197685AUDIT REPORT PAGE-1.pdf

Photographs of the office building i) exterior



Photographs of the office building ii) exterior



Photographs of the office building i) interior

Photographs of the office building ii) interior

