List of Employees

Date ____/___/___

Name of employee/ Staff other than Driver

S. No.	Name of Employees	Designation	Working Since	Working till
1				
2				
3				
4				

( )

Director/Proprietor/ Partner

Annexure-I

Name of the Agency:----------

Address of the Agency :- ----------

Contact No. of the Agency :----------

FAX no. of the Agency :----------

email address of the agency:----------

S. No.	Make & Model of Vehicle	Registration No
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Signature
With seal of the Authorized perusal

Annexure-II

Name of the Agency:----------

Address of the Agency :- ----------

Contact No. of the Agency :----------

FAX no. of the Agency :----------

email address of the agency:----------

S. No.	Name	Post (Driver or Helper of the Vehicle)	Working Since	PSV Badge No of the Driver
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

PSV Bedge No:- Public Service Vehicle Badge No.

Note:- Police Verification of the Drivers and Helpers Must be enclosed with the Annexure-II. In case PSV No. is issued or available with the Driver than Verification of the Drivers by the Police Department is not needed.

Signature
With seal of the Authorized personnel

Annexure –III

Name of the Agency: ----------

Address of the Agency : ----------

Contact No of the Agency: ----------

FAX No of the Agency ----------

e-mail address of the agency: ----------

DECLARATION

I_____, Director/Proprietor/Partner Authorized Signature of **M/s**_____ Service is functioning as Tour Operator/ Travel Agent/ Tourist Transport Operator/ Excursion Agent. I declare that we are not providing any Vehicle(S) to tourist or proving vehicle service.

If at any given time in future the same is provided, I will inform the Licensing Authority, Department of Tourism, Government of NCT of Delhi with details in Annexure-I & Annexure-II of the application form "Form T.T.O."

Signature
With seal of the Authorized Person

MODEL OF UNDERTAKING /SELF-DECLARATION FORM

SELF –DECLARATION FOR GETTING SERVICES FROM GOVERNMENT DEPARTMENT / LOCAL BODIES / AUTONOMOUS INSTITUTIONS UNDER THE GOVERNMENT OF NCT OF DELHI

The written declaration as given hereunder will be included at the end of the application form for seeking the services: _____, Age _____ years resident of _____ *running business at* _____do hereby affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information is punishable offence and in case I am guilty of giving false information or concealment of facts herein, I will be liable to be furbished with imprisonment and / or fine as per the relevant provisions of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of the facts shall be liable to be summarily withdrawn

Signature_____

( )

Place DELHI