



Indian Tourist Transporters Association (Regd.)

5-CSC, Kaka Nagar Market, Dr. Zakir Husain Marg, New Delhi – 110 003

Phone: 011-23072150 Mobile: 9811450524

E-mail: ittaindia@gmail.com , president@ittaindia.com

Website: <http://www.ittaindia.com>

ELIGIBILITY

Any person, firm or company engaged in business related to tourism is eligible for Allied Membership of the Association.

APPLICATION FORM FOR ALLIED MEMBERSHIP

1. Name of the Applicant Firm..... _____
2. Address _____

3. Telephone _____
E-mail Address _____
Website _____
4. Branches, if any _____
5. Name(s) of Proprietor/Partner/Director/
Along with mobile numbers _____

6. Name of two authorized Represent-
atives with Designation and
Mobile Numbers _____

7. Name & address of your Bankers _____

8. Experience as Tourist..... _____ (Years)
Transport Operators
9. No. of vehicles as on date in case _____ Please attach List of Vehicles with make & Model
Tourist Transport operator/Tour operators
Indian Cars _____ Imported Cars: _____
Mini Coaches _____ Large Coaches: _____
10. What is your Annual turnover _____ Rs. _____
(Enclose copy of Balance Sheet).
11. Payment Details:
Membership Fee Rs. 1,100/- _____
Annual Subscription Rs. 5,000/- _____
GST @18% Rs.1,100/- _____



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(Please issue Cheque/DD for 7,200/- in favour of “**Indian Tourist Transporters Association**” payable at **New Delhi** or you may transfer the amount to our bank Account: **Union Bank of India, Sunder Nagar Branch A/C No. 344901010019054. IFSC Code: UBIN0534498.. Our GST No. is 07AAAI0783RIZ7.**

12. Your GST No.: _____ (Please enclose copy)

13. Brief Description about your company and activities:

The information given above is true to the best of my knowledge and belief and the conditions for membership and by laws, rules and regulations of the Association have been carefully read and understood by us and are acceptable to us. I further agree to abide the rules and regulations of the Association.

Applicant Firm

Name
Designation
Organization
Signature
Date:
Office Seal

Proposed by:

Name
Designation
Organization
Signature
Date:
Office Seal

FOR OFFICE USE ONLY

Date of Receipt of Form _____ Date of Meeting _____

Whether approved/Rejected: _____

If rejected, reason for Rejection: _____

Membership No. : _____

Remarks

PRESIDENT

HON. SECRETARY

Encl:

1. Copy of Balance Sheet
2. Cheque/Demand Draft/NEFT details
3. GST Certificate
4. List of Vehicles