



**Application form for incentives for employing differently abled  
under Maharashtra Tourism Policy (MTP) – 2024**  
**(Section 14.4.18 of MTP 2024)**

|                                     |  |
|-------------------------------------|--|
| Application Number (For Office Use) |  |
| Date of Receipt (For Office Use)    |  |

**General Details**

1. Name of Applicant/  
Organization

2. Address of the Applicant/  
Organization

3. Eligibility Certificate  
(If available)

**Tourism Unit Details**

1. Project Title

2. Description of Project

3. Total Number of employees/workers: \_\_\_\_\_

4. Total Number of workers under disabled category: \_\_\_\_\_

**Details of differently abled employees**

| Name of Worker | Aadhar Card | Disability Category | Bank Account Information |  |
|----------------|-------------|---------------------|--------------------------|--|
|                |             |                     | Bank Name                |  |
|                |             |                     | Branch Name              |  |
|                |             |                     | Account Number           |  |
|                |             |                     | IFSC Code                |  |
|                |             |                     |                          |  |
|                |             |                     | Bank Name                |  |
|                |             |                     | Branch Name              |  |
|                |             |                     | Account Number           |  |
|                |             |                     | IFSC Code                |  |
|                |             |                     | Bank Name                |  |
|                |             |                     | Branch Name              |  |
|                |             |                     | Account Number           |  |
|                |             |                     | IFSC Code                |  |
|                |             |                     | Bank Name                |  |
|                |             |                     | Branch Name              |  |
|                |             |                     | Account Number           |  |
|                |             |                     | IFSC Code                |  |

|  |  |  |                |  |
|--|--|--|----------------|--|
|  |  |  | Bank Name      |  |
|  |  |  | Branch Name    |  |
|  |  |  | Account Number |  |
|  |  |  | IFSC Code      |  |

**\*In Case of more than 5 employees, kindly provide the details on a blank page in the same format**

|  |  |                |  |
|--|--|----------------|--|
| <b>Enclosures:- Tick mark necessary documents enclosed with the application form</b> |  |                |  |
| Document Type  |  |                |  |
| <input type="checkbox"/>   | Aadhar card of the applicant                   | Doc No:        |  |
|  |  | Date of Issue: |  |
| <input type="checkbox"/>   | Project Plan                                   |                |  |
| <input type="checkbox"/>   | CA certified balance sheet of the Tourism Unit |                |  |
| <input type="checkbox"/>   | Disability Certificates of workers             |                |  |
| Other Documents ( Specify name and other details in the space provided below)        |  |                |  |
| 1  |  | Doc No         |  |
|  |  | Issue Date     |  |
|  |  | Validity Date  |  |
| 2  |  | Doc No         |  |
|  |  | Issue Date     |  |
|  |  | Validity Date  |  |
| 3  |  | Doc No         |  |
|  |  | Issue Date     |  |
|  |  | Validity Date  |  |

**Declaration**

**I/We declare that the information given above is correct and verified by me. If found otherwise, we will be liable to refund the subsidy availed with interest.**

**Date:**

**Name of Signatory:**

**Place:**

**Designation:**

**Signature:**