Annexure C Self Certification Format for Tourism Units

COVID-19 Protocols for Tourism in Maharashtra

Annexure C: Self Certification Format for Tourism Units

Instructions:

- 1. The COVID Compliance Self-Certification is to be submitted on the letterhead of the tourism unit / establishment / entity
- 2. All tourism units must submit their signed 'COVID Compliance Self-Certification' to the Directorate of Tourism, Government of Maharashtra, by email to <u>development@maharashtratourism.gov.in</u> before commencement of operations.

COVID Compliance Self-Certification

| I/We, | Mr./Miss. | of <entity name="">address</entity> | hereby |
|---------|------------|--|---------|
| certify | that I/we | am/are the authorized representative of the Proprietor / Partner / Director of the | tourism |
| unit / | establishm | nent / entity. | |

I/We hereby certify that the above-mentioned tourism unit / establishment / entity has fully complied with all the provisions of the 'COVID-19 Protocols for Tourism in Maharashtra', including the following:

General Details

| Sr. No. | Particular | Response |
|---------|--|----------|
| 1. | Tourism unit / establishment / entity Name | |
| 2. | Category (Hotel, Tour operator, Agent etc.) | |
| 3. | Unique Identification of the firm (GST/PAN/TIN) | |
| 4. | Name of Authorized Representative | |
| 5. | Designation of Authorized Representative | |
| 6. | Contact Details of Authorized Representative (Mobile no. & Email ID) | |
| 7. | Complete address of tourism unit / establishment/ entity | |
| 8. | Employment Size (Pls indicate number of full-time, part-time, & contractual employees) | |

COVID Compliance Undertaking

| Sr. No. | Particular | Compliance Response | | | | |
|-----------------------------------|--|------------------------|--|--|--|--|
| Undertaking for Precautions taken | | | | | | |
| 1. | Sanitation of premises | | | | | |
| 2. | Sanitation of vehicles | | | | | |
| 3. | Social distancing protocol for staff & guests | | | | | |
| 4. | Displaying all necessary information as mandated in the protocols | | | | | |
| 5. | Staff training | | | | | |
| 6. | COVID-19 team set-up | | | | | |
| 7. | Provision for thermal screening for all employees and guests | | | | | |
| 8. | Provision of essential items such as masks, sanitizers, PPE kit (where applicable) etc. | | | | | |
| 9. | Setting up isolation room (if applicable) | | | | | |
| 10. | I have put in-place an SOP for contact-less services to the extent possible | | | | | |
| 0 | I hereby certify that the above statements are true to the best of my knowledge and belief and I understand that I subject myself liable for penalty and action if the above facts are found to be false. | | | | | |
| 0 | I acknowledge that I have read and do hereby accept to adhere to the protocols laid down in this 'COVID-19 Protocols for Tourism in Maharashtra'. | | | | | |
| 0 | I agree that incase of any non-compliance / violation under the respective laws / notifications covered under Self Certification, I will be responsible for any consequence arising as per the provisions of respective laws. The decision of the authority shall be final in this regard. | | | | | |
| 0 | I agree to furnish proof of such compliances as and when required by the rauthorities. | respective | | | | |
| Place: | | | | | | |
| Date: | | | | | | |
| | Signatures of the Authorized Signatory with sea | | | | | |

Signatures of the Authorized Signatory with seal

Name/s of Authorized Signatory

Designation/s of Authorized Signatory