

staff, X-Ray, ECG, USG, 2D Echo, cardiac monitor, infusion pump, catheterization, CBC, FBSL, PPBSL, HBA1c, creatinine, liver function test, blood group, routine medicine including multivitamin, Vitamin C, Zinc, Vitamin D, Paracetamol, Antacid, anti-allergic, HCO, Azithromycin, Doxycycline, Levofloxacin and Dexamethasone, Ivermectin, dietary charges.

The above package does not include:—

- Diagnostic interventions.
- Special drugs.
- Use of special equipment.
- Other special procedures/surgery, etc.
- Extra oxygen flow other than ICU.

The above rates are subject to the following:—

1. The claim shall be restricted for a maximum 10 days from the date of admission.
2. The per day charges shall be calculated on the basis of 24 hours from the date of admission, any time less than 06 hours shall be ignored.
3. The scheme for COVID treatment shall be applicable only to those DDSSY empanelled Hospitals having only ICU facilities.
4. The beneficiaries utilizing the twin sharing or special room, such claims shall be restricted to General Ward charges and the difference amount shall be paid by the beneficiary.



Department of Tourism

**Corrigendum**

5/38(7)/2021/DT/30

Ref: Official Gazette of Government of Goa, Series I No. 52 dated 25th March, 2021.

1) The Application for Registration of Online Tourist Provider/Renewal of existing Online Tourist Provider Form–XVII (See rule 3C) may be read as per Annexure enclosed.

Other details remain unchanged.

*Menino D'Souza*, Director of Tourism.

Panaji, 12th May, 2021.

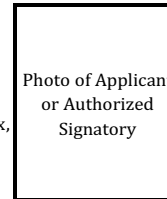


Government of Goa  
 Department of Tourism  
 1st Floor, Paryatan Bhavan, Patto - Panaji  
 Goa - 403001

**APPLICATION FOR REGISTRATION OF ONLINE TOURIST SERVICE PROVIDER/RENEWAL OF EXISTING ONLINE TOURIST SERVICE PROVIDER**  
**FORM - XVII**  
**(See rule 3C)**

To,  
 The Prescribed Authority,  
 North Zone Office,  
 1st Floor, Paryatan Bhavan, Patto - Panaji  
 Goa - 403001

South Zone Office,  
 Block No.43, Ground Floor,  
 Mathany Saldanha Administrative Complex,  
 Margao Goa - 403002



Sir,  
 I/We request that I/We, may be registered within the meaning of the Goa Registration of Tourist Trade Act, 1982, for the year \_\_\_\_\_ for the following Online Service Provider.

New Registration  Renewal In case of renewal, enter certificate No

Renewal for  Years(Maximum renewal upto 5 years).

1 Operated By  Company  Partnership Firm  Individual Foreign National \*  YES  NO

2 CIN:

3 Details of the person / company with full address intending to operate or is already operating

NAME OF ONLINE SERVICE PROVIDER\*

ADDRESS\*

VILLAGE/TOWN\*

TALUKA\*  PINCODE\*

PAN CARD\*  GSTIN:

MOBILE\*  OFFICE NO.

EMAIL

4 WEBSITE:\*

5 In case of Company Name of the Directors, in case of Partnership Firm name of all the partners

SR NO	NAME*	MOBILE NO*	AADHAR NO	PANCARD NO

**Type of Online Services Provided**

Travel & Accomodation booking:

Accomodation Booking only:

Travel Booking only:

For office use only	
Inward ID: _____	Form Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> Doc Uploaded
Inward Date: _____	Status <input type="checkbox"/> Application Verified

**Declaration:-**

I \_\_\_\_\_ hereby state that I have read and shall strictly abide by the "Terms and Conditions" governing the registration for Online Tourist Service Provider as stated in the Goa Registration of Tourist Trade Act 1982 and rules made there under, Goa Tourist Places (Protection and Maintenance Act 2001 ) direction issued by the Goa Coastal Zone Management Authority (GCZMA) including all amendment and all other orders relating to the registration of Online Tourist Service Provider in Goa from time to time.

In case of default/violation or breach of non-compliance by me to any of the terms and conditions of the Acts/Rules/Policy or any violation as are prohibited under prevailing laws, will lead to immediate cancellation of the Registration/License/NOC and Fees/Security Deposit if paid would be forfeited to Government treasury and necessary action would be taken up against me by the department.

Place: \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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**Enclosures:- Tick mark necessary documents enclosed with the application form**

Document Type										
<input type="checkbox"/> Copy of CIN.	Doc No									
	Issue Date	D	D	M	M	Y	Y	Y	Y	
<input type="checkbox"/> Copy of GST Registration Certificate(as Applicable)	Doc No									
	Issue Date	D	D	M	M	Y	Y	Y	Y	
<input type="checkbox"/> Copy of PAN card.*	Doc No									
	Issue Date	D	D	M	M	Y	Y	Y	Y	
<input type="checkbox"/>	Doc No									
	Issue Date	D	D	M	M	Y	Y	Y	Y	
	Validity	D	D	M	M	Y	Y	Y	Y	
<input type="checkbox"/>	Doc No									
	Validity Date	D	D	M	M	Y	Y	Y	Y	
Other Document (Specify name and other details in the space provided below)										
	NOC/Doc No									
	Validity Date	D	D	D	M	M	M	Y	Y	Y
	Issue Date	D	D	D	M	M	M	Y	Y	Y
	NOC/Doc No									
	Validity Date	D	D	D	M	M	M	Y	Y	Y
	Issue Date	D	D	D	M	M	M	Y	Y	Y

NOTE:- 1) PROVIDE SELF-ATTESTED COPY OF CIN,GST OR PAN CARD(AS APPLICABLE).  
 2) ALL FIELDS MARKED WITH \*(ASTERIX) ARE COMPULSORY.  
 3) THE APPLICANT SHALL BRING ALL ORIGINAL DOCUMENTS FOR VERIFICATION AT THE TIME OF REGISTRATION/RENEWAL.

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