



**Declaration:-**

I \_\_\_\_\_ hereby state that I have read and shall strictly abide by the "Terms and Conditions" governing the registrations as stated in the Goa Registration of Tourist Trade Act 1982 and rules made there under, Goa Tourist Places (Protection and Maintenance Act 2001 ) along with all amendment and all other orders relating to the registration / renewal of Photographers 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 the 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"/> 15 years Residence Certificate issued by Mamlatdar of the taluka of Goa.*	Doc No												
	Validity	D	D	M	M	Y	Y	Y	Y				
	Issue Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Character certificate issued by Deputy Collector & SDM Goa.*	Doc No												
	Validity	D	D	M	M	Y	Y	Y	Y				
	Issue Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Certificate of Photography course undergone/experience certificate in Photograph	Doc No												
	Issue Date	D	D	M	M	Y	Y	Y	Y				
Other Document (Specify name and other details in the space provided below)													
1	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
2	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
3	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		

NOTE:- 1) THE APPLICANT SHALL BRING ALL ORIGINAL DOCUMENTS FOR VERIFICATION AT THE TIME OF REGISTRATION/RENEWAL

2) ALL FIELDS MARKED WITH \*(ASTERIX) ARE COMPULSORY.