Tourist Transporter Association of Assam(TTAA)

NEW MEMBERSHIP FORM

Reg Office:
House No. 350; NIRUPOMA HOUSE (Opp: Bridgestone Tyre Shop) Wireless,
Joy Guru Shankardev Path, Dr. Bhabendra Nath Saikia Road Dispur,
Guwahati-781006, ASSAM.

Email: office.ttaa@gmail.com, Twitter (X): @guwahati_ttaa
Reg No: RS/KAM(M)/263/RFSRS/202402809

ELIGIBILITY

Any person, firm or company engaged in business as tourist transporters having an established office and commercial vehicle with tourist permits of Assam. That operators are eligible for active membership of the association

Personal Details

Kindly write full name and address as per Aadhar card.

Name of applicant : _____

Father/mother/spouse name : _____

Sex : _____

Mobile No : _____

Alternate mobile no(Optional) : _____

Personal/Official email id : _____

Temporary registered address : _____
_____
Dist._____Pincode_____

Permanent registered address : _____
_____
Dist._____Pincode_____

Name of your organization (Optional) : _____

Office address / Registered address (Optional) :_____

_____

Dist._____Pincode_____

Name of two authorized representatives with designation and mobile numbers

First person name: : _____

First person contact number: : _____

Second person name: : _____

Second person contact number : _____

Service related section

Experience as tourist transport operators (Years) : _____

No of tourist permitted commercial vehicle : _____

Vehicle registration number (any one) : _____

What is your annual turnover : _____

GST number(Optional) : _____

Payment Details :

Membership fee Rs. 1,500/-

Annual subscription fee Rs. 3,000/-

Official Bank Details:

(Please issue Cheque/DD for Rs. 4,500/- in favour of "Tourist Transporters Association of Assam" payable at Kahilipara or you may transfer the amount to our bank Account: **Assam Gramin Vikash Bank**, **Kahilipara Narakasur Branch** (Code **7413**) A/C No. **7413050001496**. IFSC Code: **PUNB0RRBAGB**.

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 by the rules and regulations of the Association.

Date :_____

Location :_____ **Seal & Signature**

FOR OFFICE USE ONLY

Date of receipt of form : _____

Date of EC meeting : _____

Whether approved/rejected : _____

If rejected, reason for rejection : _____

Membership No : _____

Remarks : _____
_____
_____

Enclosed

1. One copy of your self attested recent passport size photo
2. One copy of your self attested tourist permitted commercial vehicle RC
3. One copy of your self attested Aadhar Card.
4. Copy of your balance sheet or 6 months bank transaction copy (Optional)
5. Goods and services tax copy (Optional)