

Annexure

Weekly Tourist Footfall

Information submitted by Tour Operator

Name of Tour Operator :

Address :

Tel.:

Website :

Email :

Period from: _____ to _____

Sl.No.	Name of Visitor	Place of origin	Places of visit	Duration	Domestic	Foreign National	Adult		Children	
							Male	Female	Male	Female

TOTAL :

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Signature of Tour Operator