

**APPLICATION PROFORMA FOR  
THE CLASSIFICATION OF AYURVEDA CENTRES**

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1. Name of the Ayurveda Centre, if any :
  
2. Name of promoters with full postal address :
  
3. Status of owners/promoters, whether company  
Is (copy of Memorandum and Articles of  
Association may be furnished)
  - (a) Partnership firm (if yes, copy of Partnership  
Deed and certificate of registration under  
Partnership Act may be furnished) :
  - (b) Proprietary concern (if yes, give name and  
And address of the promoters) :
  
4. Location of the center along with full address :
  
5. Details of Location
  - (a) Area :
  - (b) Title (whether outright purchase) If yes,  
Copy of the registered lease deed should  
Be furnished : Yes / No
  - © Survey number :
  - (d) Village, taluk and district :

(e)	Distance from nearest town	:		
(f)	Distance from nearest railway station	:		
(g)	Distance from nearest airport	:		
6.	If center is attached to a hotel/resort/hospital	:		
7.	Details of the building	:		
(a)	Plinth area (floor-wise)	:		
(b)	Building number	:		
©	Details of building license from local body (attach blueprint of the building and copy of building license)	:		
8.	Details of facilities			
	Room type	:	Nos.	Size
(a)	Health room	:		
(b)	Attached toilet	:		
©	Consultation room	:		
(d)	Rest Room	:		
(e)	Hall for yoga/meditation	:		
(f)	Number of guest rooms (if attached to hotel/resort)	:		
(g)	Medicine room	:		
(h)	Bath tubs attached to toilets	:		
(i)	Other facilities (Please specify. Attach Separate sheet if necessary)	:		
9.	Details of equipment	:		
(a)	Massage table (number and size)	:		
(b)	gas or electric Stove	:	Yes	No

- |                                     |   |     |    |
|-------------------------------------|---|-----|----|
| © Medicated water facility          | : | Yes | No |
| (d) Facilities for sterilization    | : | Yes | No |
| (e) facility for steam bath         | : | Yes | No |
| (f) Others, if any (please specify) | : |     |    |

10. Details of personnel

- (a) Name and address of consultant physician :

- (b) Qualification of consultant physician  
(attach copy of the relevant certificates) :

- © Number of male masseurs :

- (d) Number of female masseurs :

11. Quality of medicine and health programmes

- (a) The firm that supplies medicines (with full address) :

- (b) The health programmes offered (Specify length of each treatment programme) :

12. Acceptance of the regulatory condition (this should  
Be furnished in the prescribed proforma) :

13. Application fee (details of DD) (a demand draft for  
Rs.2,500/- drawn in favour of the Director,  
Department of Tourism, Government of Kerala  
Park view, Thiruvananthapuram 695 033, is to  
Be enclosed with the application) :

Full name & designation of the applicant :

Place:

Date:

## **PROFORMA OF ACCEPTANCE OF REGULATORY CONDITIONS**

The Director  
Department of Tourism  
Government of Kerala  
Park View  
Thiruvananthapuram – 695 033

Dear Sir,

Subject : Acceptance of Regulatory conditions

I have received a copy of the Regulatory conditions prescribed by the Department of Tourism for the classification of Ayurveda centers, and wish to confirm that I shall abide by the same and such other conditions as may be laid down from time to time by the Department of Tourism for the classification of Ayurveda Centres.

Yours faithfully,

Signature

Name in block letter :

Managing Director/Partner/Proprietor

Name of Ayurveda center :

Date:

Place: