

**L. T. Form II**  
**(See Rules 4 and 16)**  
**Basic information relating to rooms and rent therefor**  
**Return for the calendar month .....**

1. Name of Hotel:
2. Address of Hotel:
3. Telephone Number:
4. Name of proprietor:
5. Name of Managing Director/Manager:
6. Accommodation Capacity:

**Total number of rooms and rent-**

Type of room	Number of rooms	Number of beds	Room Numbring	Rent		
				Single	Double	Extra Bed
<b>Grand Total</b>						

Signature:  
Name:  
Designation:

Dated: .....

I, the above named Sri ....., residing at  
....., do thereby solemnly affirm and state that the contents of the  
above return are true according to the best of my information and belief.

Signature of Proprietor

Place: .....

Date: .....