

IN THE HON'BLE HIGH COURT OF HIMACHAL PRADESH AT
SHIMLA

CMP No. _____ of 2020 in CWP No. 2240 of 2020

IN THE MATTER OF:

Neelam Sharma

... PETITIONER

Versus

State of Himachal Pradesh and Others

...RESPONDENTS

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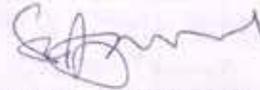


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Date: 20 July 2020

Place: Kolkata



INTERVENER/ APPLICANT

Through Counsel

20 JUL 2020

IN THE HON'BLE HIGH COURT OF HIMACHAL PRADESH AT
SHIMLA

CMP No. _____ of 2020 in CWP No. 2240 of 2020

IN THE MATTER OF:

Neelam Sharma
D/o Shri Ram Krishan,
R/o Village Bharwain (Gangot),
Tehsil Amb, District Una,
Himachal Pradesh

... PETITIONER

Versus

1. State of Himachal Pradesh, through Principal Secretary Revenue
Government of Himachal Pradesh Shimla
2. Chief secretary cum Chairperson, SEC, Himachal Pradesh
3. Secretary Tourism Government of Himachal Pradesh Shimla

... RESPONDENTS

AND IN THE MATTER OF:

Mr. Sanjiv Kumar Agarwal,
S/o Late J. P. Agarwal
R/o 14/149, Golf Club Road Kolkata 700033 Jadavpur P.S.

... INTERVENER/ APPLICANT

**APPLICATION FOR INTERVENTION UNDER SECTION 151 OF THE
CODE OF CIVIL PROCEDURE 1908**

MOST RESPECTFULLY SHEWETH:

The Intervener/ Applicant above-named humbly submit as follows:

1. That the above titled writ petition is pending adjudication before
this Hon'ble Court. The next date in the matter is 20.07.2020.

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2. That in the above titled writ petition, the Petitioner has, inter alia, asked for the following reliefs:

- i. The Respondents be directed not to open the borders of the Himachal Pradesh till COVID-19 cease to exist or is downward;
- ii. The Department of Tourism be directed to place on record the SOP issued by it and same may be quashed and set aside.
- iii. The part of notification dated 27.02.2020 Annexure P-1 allowing the opening of borders at this stage be quashed and set aside.
- iv. The Respondents may be burdened with costs.
- v. The entire record of the case may kindly be summoned.

3. That in order to assist the Hon'ble Court to understand the entire issue pertaining to opening of borders of Himachal Pradesh or the grant of any of the reliefs claimed by the Petitioner, it is imperative for the Intervener/ Applicant, being a Senior representative of the Travel and tourism industry, to be granted permission of this Hon'ble Court to intervene into the above titled writ petition, and apprise this Hon'ble Court about the impact of the closure of borders, the lockdown and the COVID-19 pandemic on the Travel and tourism industry not only in the State of Himachal Pradesh but the entire Country.

4. That it is submitted that the reliefs sought by the Petitioner in the above titled writ petition directly affect the entire Travel and tourism industry in the country. As such, it is extremely important to adjudicate upon the horrendous impact the COVID-19 pandemic and the Lockdown(s) ordered by the Government on the thousands of families who depend on the Travel and Tourism Industry for their livelihood.

5. That this Application for Intervention is filed by the Applicant, Mr. Sanjiv Agarwal, who is the Managing Director of a Public Limited company namely, M/s Fairfest Media Ltd. ("the said Company"). The Intervener/ Applicant formed the said Company in the year 1988 as a travel media company to organize trade shows and

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events in India which has over 1000 clients from Travel & Tourism Industry.

6. That the Intervener/ Applicant, is the promoter Director of one of India's leading international travel trade show organizers with a proven track record of 30 (Thirty) years and over 170 (One Hundred and Seventy) travel tradeshows of international standards. The Intervener/ Applicant, through the said Company, is the pioneer in India to promote such kind of travel shows and has established a commendable name, goodwill and reputation for itself in organizing such travel trade shows over the last three decades, supported by the Tourism Departments of Govt of India as well as State Governments. The said Travel and Tourism trade fairs/ shows organized by the Intervener/ Applicant, through his Company, have contributed in developing a huge volume of domestic tourism in the Country, on which lakhs of people depend for their employment and survival.



7. That the Intervener/ Applicant states that being a senior representative of the travel and tourism industry, the Intervener/ Applicant has a deep and intimate knowledge of the travel and hospitality industry in the Country. The Applicant / Intervenor is deeply concerned for the livelihood of the lakhs of workers in the Travel and Hotel industry in India and has as such approached this Hon'ble Court to bring to the attention of the Hon'ble Court the plight of all the people associated with the said Travel and Hotel industry due to the ongoing restrictions imposed on the people and tourists. As such, the Intervener/ Applicant has ample locus to approach the Hon'ble Court and file the present application.



8. That since the above titled writ petition deals with an important question of allowing or not allowing tourism in the State of Himachal which effects lakhs of people, it is imperative that the Hon'ble Court be pleased to allow the Applicant / Intervenor to place the following submissions for a proper adjudication of the matter and provide a true perspective of the matter in hand. The Intervener/ Applicant submits that before deciding the above titled writ petition, the Hon'ble Court may be pleased to consider the following submissions made by the Intervener/ Applicant:

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i. That Novel Coronavirus ("COVID-19") was declared a pandemic by the World Health Organisation in January 2020. The said COVID-19 pandemic has reportedly caused about 25,000 deaths as on 15.07.2020, during more than a 100 days of lockdowns. Approximately 25,000 persons die every day for all causes in India. At this rate, the average number of reported daily deaths due to COVID-19 is less than 300 per day, whereas average number of reported deaths from road accidents is above 600 and from heart attacks is over 3000 per day. **Copy of a newspaper report is annexed herewith as Annexure A.**

ii. That it is a matter of common knowledge that several countries around the globe resorted to lockdowns/restrictions to contain the widespread of the said COVID-19 pandemic. As a result of such lockdowns the global economy has been pushed into recession and is expected to reduce by over 3% in the year 2020, as per the International Monetary Fund. As per the report published by the World Health Organization of the United Nations, in the world, 690 million people went hungry in 2019 and the said report forecasts that the COVID-19 pandemic could tip over 130 million more people into chronic hunger by the end of 2020. The said report is annexed herewith as **Annexure B.**



iii. That the most affected industry due to the said travel restrictions/ lockdowns is the Travel & Tourism industry. As per the data and information received by the Intervener/Applicant from the public domain, it is projected that there will be a global loss of 75 million jobs and \$2.1 trillion in revenue in the Travel and tourism industry. **Copy of a report issued by the World Travel & Tourism Council dated 25.03.2020 is annexed herewith as Annexure C.**

iv. That as per the World Travel and Tourism Council, 9 (Nine) million jobs in the travel and tourism industry are at risk in India. **Copy of the said report is annexed herewith as Annexure D.**

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- v. That in India, the Travel & Tourism provides employment to approximately 12.5% of the total workforce. The lockdown is expected to cause 38 million job losses in the travel and tourism industry. **Copy of the said report is annexed herewith as Annexure E.**



That the proportion of which is much higher in a state like, Himachal Pradesh which predominantly depends on tourism as a primary source of revenue and livelihood to the people. More than 7 lakh people in Himachal Pradesh depend on the Tourism and Travel industry. **Copy of the said report is annexed herewith as Annexure F.**

- vii. That it is reported that Himachal Pradesh has suffered a revenue loss of more than Rs 410 Crores due to the lockdown. **Copy of the said report is annexed herewith as Annexure G.** There has been a reportedly 87 per cent decline in the Himachal revenue. **Copy of the said report is annexed herewith as Annexure H.** One other report on how the economy of Himachal Pradesh has been adversely affected is annexed herewith as **Annexure I.**



- viii. That in order to contain the widespread of COVID-19 pandemic, the Government of India ordered the whole nation to go in a state of total lockdown from 25th March 2020. Movements of people were restricted and were only allowed for emergency reasons. Various orders were passed in this regard by the Ministry of Home Affairs. However, after 17.05.2020, in the view of degrading economical condition in the Country, the restrictions were eased down in a calibrated manner.

- ix. That because of the COVID-19 pandemic, many people (including the Intervener/ Applicant) engaged in the Travel & Tourism business have been affected severely because of the restrictions imposed by the State Governments and Government of India. The impact of facing huge financial

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losses has led to either closure of the businesses and/ or lay-offs by companies. The said closure of the businesses and/ or lay-offs has resulted in loss of jobs and starvation due to the lockdown restrictions on travel and tourism industry.



x. That in view of the above, it is important to mention that the Petitioner, in the above titled writ petition, has challenged the orders issued by the authorities of the Government of Himachal Pradesh easing the restrictions and reopening the State to the citizens from other states. **Copy of a newspaper report is annexed herewith as Annexure J.**

xi. That in the present writ petition, the Petitioner has relied on the order of Ministry of Home Affairs ("MHA") D.O. No. 40-3/2020-DM-I (A) dated 29th June, 2020 which allowed re-opening of more activities and movement in the country in a calibrated manner, however, only in areas which lie outside the Containment Zones. **Copy of the said notification is annexed herewith as Annexure K.**



xii. That the Petitioner in the above titled writ petition has, however, failed to produce the said order of MHA vide D.O. No. 40-3/2020-DM-I (A) dated 29th June, 2020 before this Hon'ble Court which clearly states (vide point 4) that **"However, there shall be no restriction on inter-State and intra-State movement of persons and goods including those for cross land-border trade under Treaties with neighboring countries. No separate permission/ approval/ e-permit will be required for such movements."** The petition of the Petitioner can be dismissed on this ground alone. It is, also, stated that the fundamental rights of all citizens are threatened beyond reasonable restrictions, if lockdowns are continued.

xiii. That the Intervener/ Applicant submits that the said clarification issued by MHA vide their order D.O. No. 40-3/2020-DM-I (A) dated 29th June, 2020 removed the unreasonable restrictions on the movement of bonafide

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citizens within the country and people were allowed to travel intra-state and inter-state and also did away with the requirement of a permit/ pass. Copy of the said notification is already annexed herewith as Annexure K.

xiv. That it is, however, pertinent to mention that despite the removal of the restrictions in interstate travel many states have continued to place restrictions which if tested on the strict letter of law be held to be unconstitutional. The states have actually imposed restrictions which they do not have the power to impose without declaration of an Emergency within the provisions of the Constitution.

xv. That it is the humble submission of the Intervener/ Applicant that in pursuance to the aforesaid order, the Government of Himachal Pradesh has also relaxed various restrictions on the entry of bonafide citizens of the country from other states into Himachal Pradesh. **Copy of SOP is annexed herewith as Annexure L.**

xvi. That in the above titled writ petition, the Petitioner has averred that some states are facing more threat from the COVID-19 pandemic than the other which is wrong and is strongly denied by the Intervener/ Applicant. The Intervener/ Applicant states that the nature of the said COVID-19 virus is such that it does not know National or State boundaries and can spread to any State irrespective of its geographical position.



xvii. That the Intervener/ Applicant also contests that a prior 72 (Seventy Two) hours' test is of no consequence as alleged by the Petitioner. The Intervener/ Applicant states that several other States and Countries are following the same protocol to re-start their economy. However, the Applicant/ Intervenor believes even these restrictions to be bad in law in view of the said MHA's D.O. No. 40-3/2020-DM-I (A) dated 29th June, 2020 which clearly states (vide point 4) that, **"However, there shall be no restriction on inter-**

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State and intra-State movement of persons and goods including those for cross land-border trade under Treaties with neighboring countries. No separate permission/ approval/ e-permit will be required for such movements." (Emphasis added) and also because such restrictions would be ultra vires to the fundamental right to freedom to move freely throughout the territory of India vide article 19(1)(d) of the Constitution, in view of the said MHA's order dated 29th June 2020.

- xviii. That the Intervener/ Applicant contests that there is no irrationality in the night curfew per se, as the same may be directed to minimize the risk of crimes like petty theft, snatching, etc due to unemployment and starvation which is a result of severe restrictions imposed under the lockdown orders.

However, it is also submitted that there is no data available to show that the night curfew is in public interest. The night curfew is only a matter of convenience for the administration. It is not at all helpful to the public at large.

It is submitted that these restrictions are not only irrational but are required to be removed as soon as possible, as these are *ultra vires* the Constitutional freedoms guaranteed under Article 19 of the Constitution of India.

- xix. That the Intervener/ Applicant craves leave to produce irrefutable medical opinion which says that lockdown and the restrictions have no relevance to the spread of the virus and as such the same need to be lifted. The Intervener/ Applicant craves leave to produce expert opinion in this regard, if called upon. The Intervener/ Applicant craves leave to annex herewith copy of a newspaper report as **Annexure M.**
- xx. That the Intervener/ Applicant submits that imposing the restrictions on the entry of people from other states is a violation of the fundamental freedoms guaranteed by the

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Constitution of India under Article 19 (1) (d) that guarantees citizens a right to move freely throughout the territory of India. Such restrictions also violate the fundamental freedoms guaranteed by the Constitution of India under Articles 19 (1) (b), (e) and (g) that guarantees citizens other rights such as to assemble peaceably and without arms; to reside and settle in any part of the territory of India; and to practise any profession, or to carry on any occupation, trade or business.



xxi.

That in the above titled writ petition, the Petitioner has wrongly averred that the decision to ease the restrictions and re-opening the State to the citizens from other states would amount to complete curfew of residents of Himachal Pradesh and spread of disease in the state as 'outsiders may stay illegally'. The Intervener/ Applicant states that such statements suffer from xenophobia and presumption of infectiousness or untouchability of citizens from other States, which is in contravention of right to equality and abolition of untouchability in any form envisaged under Article 14 & Article 17 of the Constitution of India. The Hon'ble Court can in no way or manner support such fallacious arguments.

- xxii. That the Intervener/ Applicant refutes the Petitioner's allegation that allowing tourist in the state is against public interest in view of the reasons already stated above. The Intervener/ Applicant states that while it may be true that certain hoteliers are scared to reopen majorly due to the practice of sealing, etc. it will be in the public interest to encourage them to open and stop the practice of sealing the property, if there is even a single infection, as the infection is a widespread disease with a low death rate comparable to many other diseases. It would not serve any public purpose to seal an entire property only because an infected person is found in that property. Nowhere in the world such practices appear to be followed. The Applicant/ Intervener



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craves leave to produce expert opinion in this regard, if required.

xxiii. That the Intervener/ Applicant submits that it has been reported that the lockdown/ restrictions will not be extended in the IT Capital of India i.e., Bengaluru as imposing lockdowns is not a solution to contain COVID-19 pandemic. **Copy of a newspaper report is annexed herewith as Annexure N.**

xxiv. The Intervener/ Applicant most humbly submits that the COVID-19 is a pandemic. However, due to the widespread nature of infection and the limited number deaths compared with all deaths due to other reasons, the Governments round the world have found that lockdowns are not the answer for managing this pandemic. Various countries around the world have already re-opened their economies by lifting such lockdowns and travel restrictions, as they have realised that the nature of this infection is widespread but with a very low risk of death (Infection Fatality Rate – IFR) which is much below 1% (0.08% in India according to ICMR). This low risk of death is similar or even lower to many other infectious diseases that we live with, in our day to day life, without lockdowns. The Applicant/ Intervenor craves leave to produce expert opinion in this regard, if called upon.

xxv. That the Petitioner in the above titled writ petition has made statements which suffer from various inconsistencies and xenophobia, as a virus cannot be 'restricted' as claimed by the Petitioner. Even if there are admittedly 1000 confirmed cases there are likely to be twenty times undetected cases given the asymptomatic and mild nature of the COVID-19 virus. As such, it is wrong and improper to say that the decision of the Respondents 'would invite the COVID-19 to the state'.

xxvi. That the Intervener/ Applicant contests the averment made by the Petitioner that COVID-19 is 'spreading like a fire' in

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India. The Intervener/ Applicant states that COVID-19 is a viral disease which has its own dynamics like many other viruses. While it is true that it is a widespread disease it is also true that it has low death risk (IFR) comparable to many other diseases (it is 0.08% as per ICMR's serological studies, i.e., risk of death is around 1 in 1000 infections, comparable to Seasonal Influenza (H1N1)).



xxvii. That the Intervener/ Applicant submits that a disaster by its dictionary meaning is "a sudden accident or a natural catastrophe" which a pandemic is not. The Disaster Management Act itself does not include a Pandemic which is essentially a health management issue within the meaning of a 'Disaster'.

xxviii. Keeping the fundamental freedoms perpetually curtailed under lockdowns in the name of a disaster (which is essentially a health management issue) even after more than 100 (Hundred) days of lockdown would amount to use of the Disaster Management Act as a colourable device to impose unreasonable restrictions on fundamental rights of the citizens guaranteed under the Constitution of India and hence is ultra vires.

xxix. That the Intervener/ Applicant states that such restriction on the movement of bonafide citizens of India into the State, including workers and professionals who have their bonafide work in the State has resulted in a huge loss to the travel and tourism industry and other business, profession or occupation in the State. The Intervener/ Applicant fears that if the same continues, many people will lose their jobs and will have no source of income starving them to death.



xxx. That the Intervener/ Applicant states that the practice of discriminating and controlling movement of country's own citizens is unreasonable and may lead to retributive measures from States that are discriminated against. The Intervener/ Applicant fears the situation where a State could

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restrict people of other States to enter their border for travel, employment or medical purposes as had happened in Delhi.

xxxi. That internationally the governments of various countries also realized the futility of imposition of complete lockdowns. Governments across the world have been compelled to protect their economies and the livelihood of its people, especially in the Travel and trade Industry.

xxxii. That it is pertinent to mention the steps taken and/ or adopted by various countries to tackle such unprecedented situation and protect its travel and tourism industry from the loss of business, loss of jobs and starvation. The Intervener/ Applicant craves leave to refer to the ease down of restrictions in travel and tourism industry adopted by various countries (as per the best knowledge of the Intervener/ Applicant based on information available in the public domain) as under:

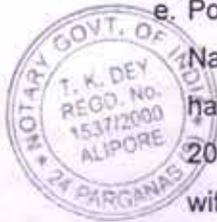
- a. France, which has about 1,72,000 positive cases and over 30,000 deaths is one of the worst hit countries from the COVID-19 pandemic. However, the lockdown restrictions has been eased down and travel is now allowed from all European Countries from June 15, 2020. All cafés and restaurants are also operational to welcome tourists.
- b. Spain, which is among the top 10 (Ten) countries effected from the COVID-19 with 257,000 confirmed cases and around 28,500 deaths has now been opened for the holidaymakers from the European Union from June 21, 2020 to boost its tourism industry. The travelers are also waived from the quarantined requirements.
- c. Italy, once struggling to mitigate its death rate from COVID-19 with 243,000 confirmed cases and almost 35,000 deaths has now been opened up for travel for people coming from European Union countries from June 3, 2020. They no longer need to follow the quarantine restrictions while travelling in the Country.

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d. Germany, part of the ongoing worldwide COVID-19 pandemic, has over 201,000 cases with over 9000 deaths. The Country has done away with the quarantine restrictions for the people travelling from EU/ Schengen countries from June 5, 2020.



e. Poland, has also opened up its border for all EU Nationals from June 13, 2020 and international flights have been resumed within Schengen from June 16, 2020. The Country has over 38,500 confirmed cases with 1600 deaths despite its small level of population. The country has also waived off the quarantine requirements.

Copy of a newspaper report is annexed herewith as Annexure O.

9. That in view of the submissions made above it is most respectfully submitted that the Respondents are required to be issued appropriate directions to remove all restrictions on Inter and Intra state movement of all Indian Citizens and modify the SOP issued by the Government of Himachal Pradesh accordingly.

10. That in view of the submissions made above it is most respectfully submitted that the Respondents are also required to be issued appropriate directions to remove all restrictions on the Travel and Tourism industry and modify the SOP issued by the Government of Himachal Pradesh accordingly.



11. That in view of the submissions made above, it is most respectfully submitted that the above titled writ petition is required to be dismissed and Respondents be directed to consider the averments made herein and to issue appropriate directions as submitted herein above.

12. That in view of the above, the Intervener/ Applicant has preferred this Application for Intervention to support the hoteliers and the hundreds of thousands of people whose livelihood depends on the travel and tourism industry and who have been rendered without any income and are unemployed and starving, risking eventual death.

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13. That grave and irreparable loss would be caused to millions of people in the Travel and Tourism industry, if the prayer sought for in the above titled writ is granted to the Petitioner or if the SOP is not amended/ modified to give free and complete access to tourists into the state of Himachal Pradesh.

14. That it is, therefore, imperative in the interest of justice that the Intervener/ Applicant be allowed to intervene in the above titled writ petition, to enable him to bring in all these aspects before this Hon'ble Court from the perspective of the rights of the Travelers, Hoteliers and working class people of the travel and tourism industry, and other related aspects.

15. That this Application has been made bonafide in the interest of justice.

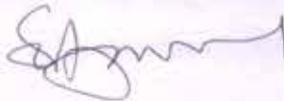
An affidavit in support is attached herewith.

PRAYER

In view of the submissions made hereinabove, it is most respectfully prayed that this Hon'ble Court may be pleased to:

- a. permit the Intervener/ Applicant to intervene in the above titled matter; AND
- b. allow the Intervener/ Applicant to make detailed submissions at the time of arguments; AND
- c. pass any other orders as this Hon'ble Court may deem fit in the interest of justice.

AND THE INTERVENER/ APPLICANT SHALL AS IN DUTY BOUND EVER PRAY.


INTERVENER/ APPLICANT

Date: 20 JUL 2020

Through Counsel

Place: Kolkata.

20 JUL 2020



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... PETITIONER

Versus

State of Himachal Pradesh and Others

...RESPONDENTS

AFFIDAVIT

I, Sanjiv Kumar Agarwal, S/o Late J. P. Agarwal, R/o 14/149, Golf Club Road Kolkata 700033 Jadavpur P.S. do hereby solemnly swear, affirm and declare as under:

1. That I am the Intervener/ Applicant, and am fully conversant with the facts and circumstances of the case and as such I am competent to swear this affidavit.
2. That the contents of this Intervention Application have been drafted by my counsel on my instructions and on my behalf. I have understood the contents of the said application and I state that the contents stated therein in Paras 1 to 15 and sub paras from (i) to (xxxiii) are true and correct to the best of my knowledge as per the information given to me. The Last para is by way of a prayer to this Hon'ble Court. The Annexures are true copies of their original.

Identified by me, Advocate

DEPONENT

VERIFICATION

I, Sanjiv Agarwal, the deponent above named do hereby verify and state that the contents of the above affidavit from Para 1 & 2 are true to the best of my knowledge, no part of it is false and nothing material has been concealed therefrom.

Verified at Kolkata on 20th July, 2020.

DEPONENT

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Solemnly Affirmed & Declared before me on identification

T. K. DEY, Notary
Alipore Judge/Police Court, Cat-27
Regd. No.+1537/2000, Govt. of India

Identified by me, Advocate

Sanjiv Agarwal
Adv.
H/1394/961/2011



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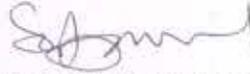
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INTERVENER/ APPLICANT

Date: 20 July 2020

Through Counsel

Place: Kolkata



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A

Amexure 71

- Home
- Latest
- Trending
- My Reads
- Pivot Or Perish
- Market Dashboard
- India-China Face-Off
- The Future Of
- Covid Tracker
- Lounge
- Coronavirus
- India2Global Emerging Tech Conclave



Migrant workers, who were stranded in the western state of Rajasthan due to a lockdown imposed by the government to prevent the spread of coronavirus disease (COVID-19), wear protective masks as they look out from a window of a train upon their arrival in their home state of eastern West Bengal, at a railway station on the outskirts of Kolkata, India, May 5, 2020 (REUTERS)

How covid-19 compares against other killer diseases in India

4 min read · Updated: 05 May 2020, 10:27 PM IST
Rukmini S

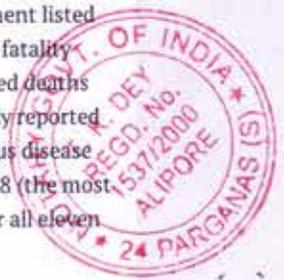
Among infectious diseases, covid-19 already stands apart, but non-communicable diseases are in general biggest killers in India



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Topics
plain-facts | Covid-19

Last Thursday, covid-19 became India's most deadly infectious disease, with the exception of tuberculosis. In its National Health Profile (NHP) statistics for 2019, the government listed eleven communicable diseases with the highest case fatality rates (over 1%). In just four months, officially reported deaths from covid-19 surpassed the annual count of officially reported deaths from H1N1, which was until now the infectious disease from this list that resulted in the most deaths in 2018 (the most recent year for which comparable data is available for all eleven diseases).



India's death toll from covid-19 surpassed the annual toll from H1N1 on April 30

	Cases	Deaths	Case Fatality Rate(in %)
Rabies	110	110	100
Japanese Encephalitis	1,674	182	11
H1N1	14,971	1,103	7
Acute Encephalitis Syndrome	11,382	637	6
Encephalitis	10,045	530	5
Meningococcal Meningitis	3,382	152	4
Neonata tetanus	181	7	4
Diphtheria	11,720	180	2

It can sometimes be unclear where the novel coronavirus fits into India's disease landscape. Is it truly as extraordinary as is being made out, or is it just that it is new? India's data on death and disease - both official and unreported - helps place the epidemic in its proper perspective: genuinely unique among

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infectious diseases, in a country that was moving away from such infections.

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While data on all the deadly diseases are not yet available for 2019, there were 28,798 cases of H1N1 in 2019 and 1218 deaths, according to the National Centre for Disease Control, a number that covid-19 surpassed on Saturday.

The NHP data on communicable diseases with a high fatality rate, however, has an important omission - tuberculosis (TB). Official statistics suggest there were 1.7 million cases of TB in 2017, and it killed 56,277 people, numbers regarded by experts to be gross underestimates. These numbers suggest that TB had a case fatality rate of 3.2% in 2017, meaning it was comparably fatal to covid-19. Where it differs is in the number of cases (multiple times more than covid-19 cases detected so far in the country) and in its treatment (TB has a known cure and treatment regimen unlike covid-19).

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According to official statistics, TB had much larger numbers than covid-19 but a comparable fatality rate

	Notified cases	Success rate* (in %)	Death rate (in %)
Public sector	1,364,562	79	4
Private sector	391,708	35	1
Total	1,756,270	69	3

*Note: Percentages do not add up to 100% as other outcomes include: changed regimen, treatment failure, did not follow up and not evaluated. Data is for 2017. *Share of notified cases cured or treatment completed*

Source: Revised National TB Control Programme Annual Report 2019 • Get the data • Created with Datawrapper

India's official health statistics, including the NHP numbers cited above have major limitations, and hence must be interpreted with care. Statistics from the government's National Health Profile (2019) are based largely on government institutions, and capture very limited data from private institutions. Hence, the NHP figures are gross underestimates of the real extent of disease and death in a country where more people visit private healthcare providers than public ones.



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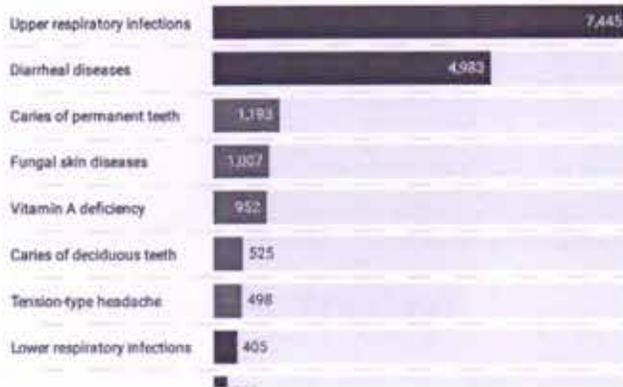
The NHP estimates 194 deaths from malaria in 2017, while the Global Burden of Disease (GBD) initiative, which uses multiple sources, estimated 50,000 deaths for the same year. Estimates for TB incidence are ten times the official numbers.

Data for the novel coronavirus currently comes exclusively from the government, making official statistics on other diseases the most useful dataset for comparison. However, the GBD numbers provide better context for India's disease burden. This data suggests three important lessons for India's covid-19 response.

One, the data shows that India's infectious disease burden remains high. The GBD data shows that while the top two causes of mortality in Indians are now non-communicable diseases, three of the five biggest causes of mortality are still

Coughs and colds are the most common ailment in India

Number of new cases every day (in '000)



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Lastly, the GBD data points to the dangers of trying to fill in the blanks of India's poor data on deaths. Since only 22% of registered deaths in India are medically certified, and even those diagnoses are more often wrong than right, some analysts have suggested using all-cause mortality to estimate the "real" number of deaths due to Covid-19. What this would mean in practical terms is comparing deaths in an area or country with those in previous months or years to pick up on any unexplained spike over the last few months. However, in a country such as India, where road accidents are among the biggest killers (according to GBD data) this could be a flawed strategy.

670 people die from transport-related accidents every day in India

Daily deaths in 2017



Source: Global Burden of Disease 2017 • Get the data • Created with Datawrapper

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The heavy burden of deaths from road accidents in India means that all-cause mortality during a lockdown will likely fall.

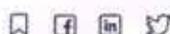
As India approaches peak Covid-19 incidence, lessons from its disease burden history can help guide public health strategy better.

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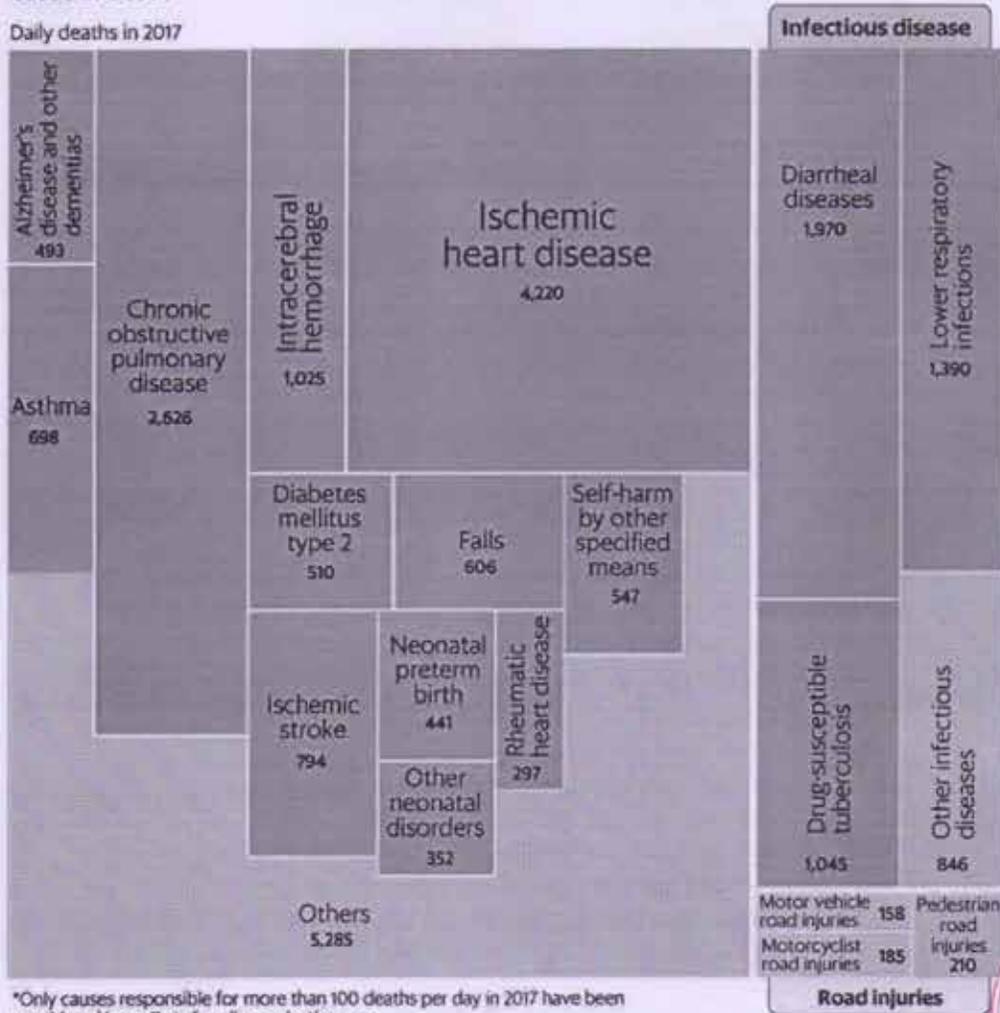


Chart 3

What do most Indians die of every day?

Cause of death*

Daily deaths in 2017



*Only causes responsible for more than 100 deaths per day in 2017 have been considered here. Data for all ages, both sexes

Others include Hypertensive heart disease, Neonatal encephalopathy due to birth asphyxia and trauma, Tracheal, bronchus, and lung cancer, Stomach cancer, Breast cancer, Cirrhosis and other chronic liver diseases due to hepatitis B, Cirrhosis and other chronic liver diseases due to alcohol use, Chronic kidney disease due to diabetes mellitus type 2, Colon and rectum cancer, Diabetes mellitus type 1, Peptic ulcer disease, Lip and oral cavity cancer, Subarachnoid hemorrhage, Other cardiovascular and circulatory diseases, Drowning, Other pharynx cancer, Chronic kidney disease due to other and unspecified causes, Paralytic ileus and intestinal obstruction, Urinary tract infections, Venomous animal contact, Congenital heart anomalies, Other malignant neoplasms, Chronic kidney disease due to hypertension, Cervical cancer, Parkinson's disease, Esophageal cancer, Interstitial lung disease and pulmonary sarcoidosis, Adverse effects of medical treatment, Multidrug-resistant tuberculosis without extensive drug resistance, Typhoid fever, Encephalitis, Malaria, Acute hepatitis B, HIV/AIDS resulting in other diseases

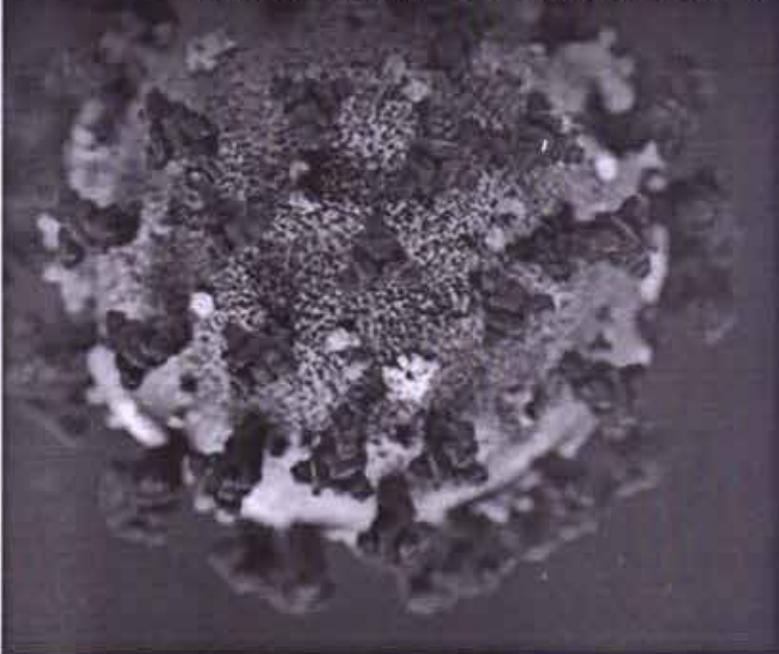
Other infectious diseases include Multidrug-resistant tuberculosis without extensive drug resistance, Typhoid fever, Encephalitis, Malaria, Acute hepatitis B, HIV/AIDS resulting in other diseases

Source: Global Burden of Disease 2017

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THESE DISEASES KILL MANY MORE THAN CORONAVIRUS



TNN
Mar 17, 2020, 15:36 IST



Covid-19 is causing alarm across the globe, but it's worth looking at other big killers to put it in perspective.

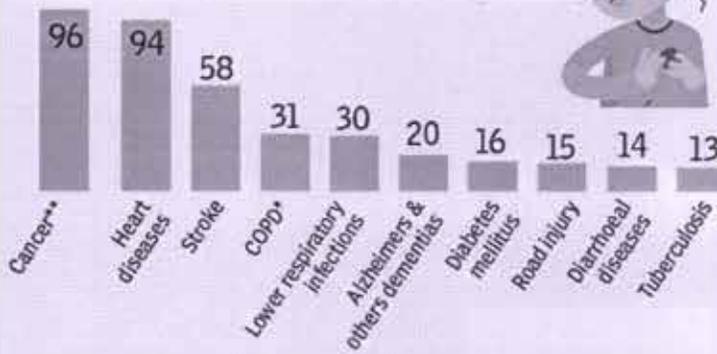
Public health experts are unanimous not only on the need to take every possible precaution against coronavirus — both as individuals and as communities — but also on the need to avoid panic and irrational behaviour.

Easier said than done, many will say. But here's some perspective: A host of other diseases, almost all of them preventable and treatable, cause many more deaths than the coronavirus. Ischemic heart diseases alone kill, on an average day, almost 26,000 people worldwide, and the Indian daily average of over 4,000 is close to the number of deaths caused by Covid-19 globally thus far.

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TOP 10 GLOBAL CAUSES OF DEATH (IN LAKH)

Heart diseases kill nearly 2,00,000 people every day and strokes close to 16,000



*Chronic obstructive pulmonary disease; **All figures except cancer from WHO's Global Burden of Disease

All figures are annual numbers

As the statistics in these graphics show, heart, respiratory, diarrhoeal and chronic renal diseases along with tuberculosis, asthma and neonatal disorders kill lakhs of Indians each year.

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TOP 10 CAUSES OF DEATH IN INDIA (IN LAKH)

In India, apart from heart and respiratory diseases, nearly 2,000 die every day from diarrhoea and over 1,200 from TB

- 27 -

Ischemic heart diseases **15.4**

COPD* **9.6**

Cancer** **7.8**

Stroke **7.3**

Diarrhoeal diseases **7.2**

Lower respiratory infections **5.1**

Tuberculosis **4.5**

Neonatal disorders **4.3**

Asthma **2.5**

Diabetes **2.5**

**All figures except cancer from WHO's Global Burden of Disease

All figures are annual numbers

The reality that there are several diseases causing a larger number of deaths in the world and India might be of little comfort to those terrorised by the Covid-19 pandemic, but consider this: Swine flu (H1N1), which was declared a pandemic after the outbreak in 2009, now merits more than a passing mention even though it has been infecting several thousand Indians and causing the deaths of over a thousand each year in recent years. It has now become one of the many viruses that result in hospitalisation and death, and that the health system routinely deals with:



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Coronavirus disease (COVID-19)

Situation Report – 176

Data as received by WHO from national authorities by 10:00 CEST, 14 July 2020

Highlights

The latest edition of the State of Food Security and Nutrition in the World, published yesterday, estimates that almost 690 million people went hungry in 2019 – up by 10 million from 2018, and by nearly 60 million in the past five years. The report forecasts the COVID-19 pandemic could tip over 130 million more people into chronic hunger by the end of 2020.

In South Sudan, WHO and the Ministry of Health are working to address stigma and fear, which are proving to be major barriers to tackling the COVID-19 pandemic.

A new report from WHO highlights that violence and injuries are a leading cause of death in the WHO European Region, accounting for almost 500 000 deaths a year. Evidence shows that violence can increase during and in the aftermath of disease outbreaks, particularly affecting women, children and older people. WHO has also produced guidance specifically addressing violence against women.

The WHO Information Network for Epidemics (EPI-WIN) has launched a new webinar series to manage infodemics through effective risk communication and community engagement. This is discussed in today's 'Subject in Focus' below.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	12 964 809 cases (196 775)	570 288 deaths (3 634)
Africa	492 660 cases (15 085)	8 430 deaths (177)
Americas	6 780 428 cases (110 549)	288 430 deaths (1 853)
Eastern Mediterranean	1 302 297 cases (15 646)	31 751 deaths (523)
Europe	2 946 104 cases (20 691)	203 957 deaths (373)
South-East Asia	1 196 651 cases (33 095)	29 900 deaths (642)
Western Pacific	245 928 cases (1 709)	7 807 deaths (66)



Subject in Focus: Infodemics Management: Communicating uncertainty in the context of re-opening societies

The WHO Information Network for Epidemics (EPI-WIN) has launched a new webinar series to manage infodemics through effective risk communication and community engagement (RCCE). This series aims to build practical skills for regional and country responders. The first in the series, co-facilitated by the WHO Regional Office for Europe, dealt with communicating uncertainty during implementation and easing of public health and social measures (PHSM) during COVID-19.

Particularly during the early stages of public health emergencies, there are many unknowns and a high demand for fact-based information. The bigger a public health emergency is and the longer it lasts, the more unknowns there are likely to be. COVID-19 is a new disease that is affecting countries in different ways at different times, as well as affecting individuals with diverse risks. Implementation and easing of PHSM have highlighted the acute need to manage uncertainty through communication and engagement of communities. This webinar identified challenges of uncertainty related to the re-opening period, identified evidence-based RCCE tactics to meet these challenges, and highlighted examples of RCCE tactics used in countries.

The interactive session included 250 individuals from 73 countries and 184 organizations. During online polls, respondents reported that the main factor leading to confusion was various organizations provided conflicting information or recommendations about COVID-19. To avoid the perception that a change in recommendations is a result of error, organizations should set expectations for change, signal changes as they occur, and time- and date-stamp products. Coordination also plays an important role in minimizing confusion. Coordination in communication can best occur by ensuring that partners communicate the same messages, coordinate releases of information, explain discrepancies between messages and build confidence in the expertise of all responding agencies.

This will be an ongoing series and will include topics such as:

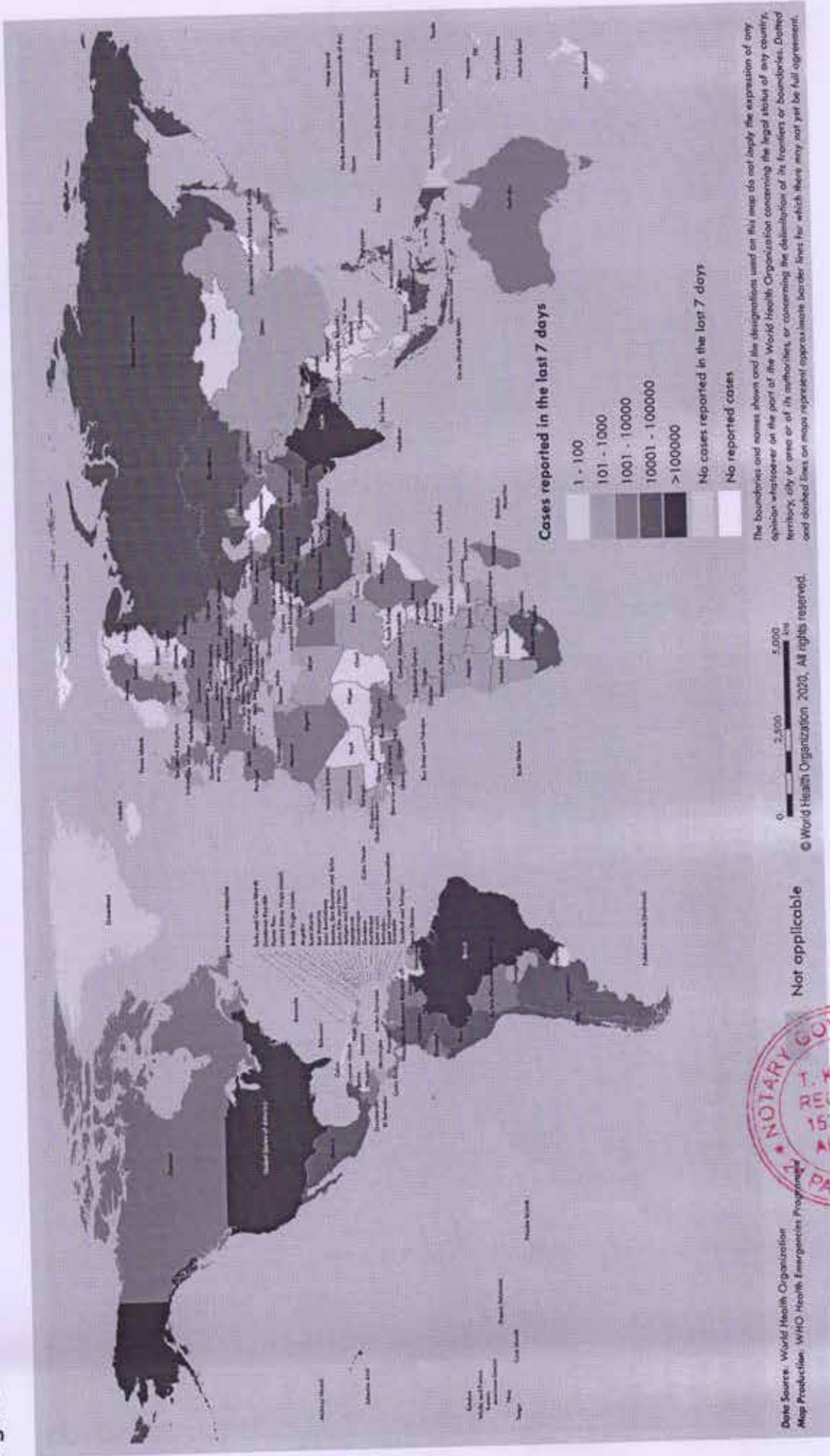
- Influencing Risk Perception through RCCE
- Creating New Norms and Sustaining Behavior Change
- Inclusion of Civil Society in Emergency Operations Planning and Response

Please find more information at www.who.int/epi-win



Surveillance

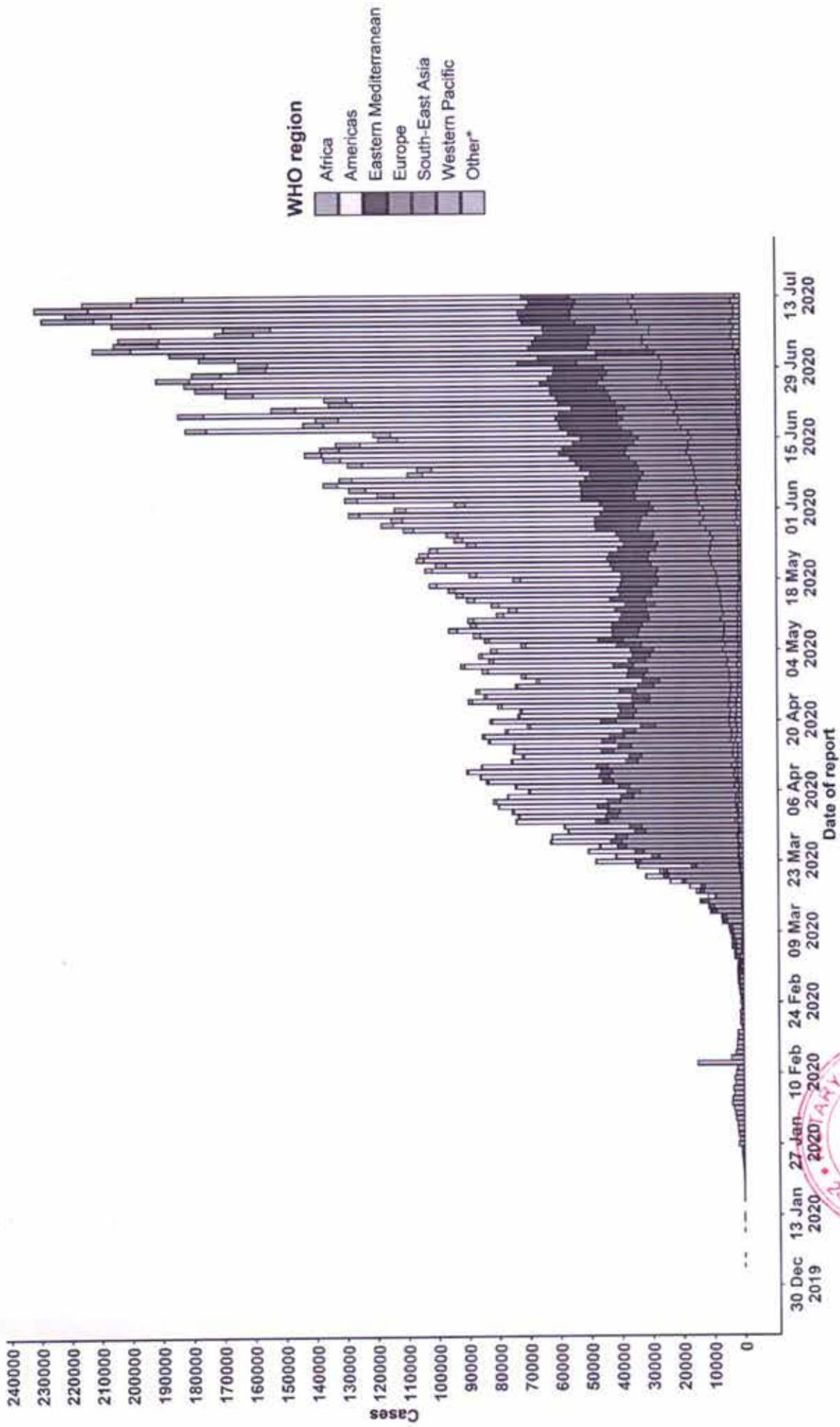
Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 8 July to 14 July **



**See Annex 1 for data, table and figure notes.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

Figure 2. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 14 July**



**See Annex 1 for data, table and figure notes.



Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 14 July 2020**

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Africa						
South Africa	287 796	11 554	4 172	93	Community transmission	0
Nigeria	33 153	595	744	4	Community transmission	0
Ghana	24 988	470	139	0	Community transmission	0
Algeria	19 689	494	1 018	7	Community transmission	0
Cameroon	15 173	0	359	0	Community transmission	1
Côte d'Ivoire	12 872	106	84	0	Community transmission	0
Kenya	10 294	189	197	12	Community transmission	0
Senegal	8 198	63	150	2	Community transmission	0
Democratic Republic of the Congo	8 074	42	189	1	Community transmission	0
Ethiopia	7 969	203	139	11	Community transmission	0
Guinea	6 170	29	38	1	Community transmission	0
Gabon	5 942	0	46	0	Community transmission	3
Mauritania	5 355	80	147	0	Clusters of cases	0
Madagascar	5 080	213	37	2	Clusters of cases	0
Central African Republic	4 321	33	53	0	Community transmission	0
Malawi	2 430	66	39	1	Clusters of cases	0
Mali	2 412	1	121	0	Community transmission	0
Zambia	2 283	388	82	40	Community transmission	0
Congo	2 222	119	47	0	Community transmission	0
South Sudan	2 148	0	41	0	Clusters of cases	1
Guinea-Bissau	1 902	60	26	1	Community transmission	0



Reporting Country/Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Cabo Verde	1 722	24	19	0	Clusters of cases	0
Sierra Leone	1 642	7	63	0	Community transmission	0
Eswatini	1 389	38	20	0	Clusters of cases	0
Benin	1 378	0	26	0	Community transmission	2
Rwanda	1 378	41	4	0	Sporadic cases	0
Mozambique	1 219	62	9	0	Clusters of cases	0
Niger	1 099	0	68	0	Community transmission	3
Equatorial Guinea	1 043	0	12	0	Community transmission	51
Burkina Faso	1 036	3	53	0	Community transmission	0
Zimbabwe	1 034	49	19	1	Sporadic cases	0
Uganda	1 029	4	0	0	Sporadic cases	0
Liberia	1 024	14	51	0	Community transmission	0
Chad	880	0	75	0	Community transmission	1
Namibia	861	76	1	0	Sporadic cases	0
Togo	720	0	15	0	Community transmission	1
Angola	525	19	26	0	Clusters of cases	0
United Republic of Tanzania	509	0	21	0	Community transmission	67
Sao Tome and Principe	412	3	12	0	Clusters of cases	0
Botswana	399	0	1	0	Clusters of cases	1
Mauritius	343	1	10	0	Clusters of cases	0
Comoros	317	0	7	0	Community transmission	1
Burundi	269	11	1	0	Clusters of cases	0
Lesotho	245	12	3	1	Sporadic cases	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱⁱ	Days since last reported case
Eritrea	232	0	0	0	Sporadic cases	4
Seychelles	100	0	0	0	Clusters of cases	4
Gambia	64	0	3	0	Sporadic cases	4
Territoriesⁱⁱ						
Mayotte	2 724	13	40	0	Clusters of cases	0
Réunion	596	3	3	0	Clusters of cases	0
Americas						
United States of America	3 286 063	60 113	134 704	312	Community transmission	0
Brazil	1 864 681	24 831	72 100	631	Community transmission	0
Peru	326 326	3 616	11 870	188	Community transmission	0
Chile	317 657	2 616	7 024	45	Community transmission	0
Mexico	299 750	4 482	35 006	276	Community transmission	0
Colombia	150 445	5 083	5 307	188	Community transmission	0
Canada	107 590	243	8 783	10	Community transmission	0
Argentina	100 166	2 657	1 859	41	Community transmission	0
Ecuador	68 459	589	5 063	16	Community transmission	0
Bolivia (Plurinational State of)	48 187	987	1 807	53	Community transmission	0
Panama	45 633	1 301	909	16	Community transmission	0
Dominican Republic	45 506	974	903	6	Community transmission	0
Guatemala	29 355	757	1 219	47	Community transmission	0
Honduras	28 090	507	774	3	Community transmission	0
El Salvador	9 978	304	267	7	Community transmission	0
Venezuela (Bolivarian Republic of)	9 465	287	89	4	Community transmission	0
Costa Rica	7 596	365	30	2	Community transmission	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Haiti	6 727	37	139	0	Community transmission	0
Paraguay	2 980	160	25	4	Community transmission	0
Cuba	2 428	2	87	0	Clusters of cases	0
Nicaragua	2 411	0	91	0	Community transmission	5
Uruguay	987	1	31	1	Clusters of cases	0
Suriname	762	21	18	0	Clusters of cases	0
Jamaica	758	0	10	0	Clusters of cases	1
Guyana	297	6	17	0	Clusters of cases	0
Trinidad and Tobago	133	0	8	0	Sporadic cases	7
Bahamas	111	0	11	0	Clusters of cases	1
Barbados	103	0	7	0	Clusters of cases	1
Antigua and Barbuda	74	0	3	0	Clusters of cases	2
Belize	37	0	2	0	Sporadic cases	2
Saint Vincent and the Grenadines	35	6	0	0	Sporadic cases	0
Grenada	23	0	0	0	Clusters of cases	48
Saint Lucia	22	0	0	0	Sporadic cases	10
Dominica	18	0	0	0	Clusters of cases	31
Saint Kitts and Nevis	17	0	0	0	No cases	3
Territories²						
Puerto Rico	10 010	356	167	0	Community transmission	0
French Guiana	6 170	221	29	3	Community transmission	0
Martinique	255	0	15	0	Clusters of cases	2
United States Virgin Islands	206	25	6	0	Clusters of cases	0
Cayman Islands	201	0	1	0	Clusters of cases	11



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Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Guadeloupe	190	0	14	0	Clusters of cases	3
Bermuda	150	0	9	0	Sporadic cases	2
Aruba	105	0	3	0	Sporadic cases	7
Sint Maarten	78	0	15	0	No cases	10
Turks and Caicos Islands	72	1	2	0	Clusters of cases	0
Saint Martin	44	0	3	0	Sporadic cases	9
Curaçao	26	1	1	0	Sporadic cases	0
Falkland Islands (Malvinas)	13	0	0	0	No cases	79
Montserrat	12	0	1	0	No cases	3
British Virgin Islands	8	0	1	0	No cases	59
Bonaire, Sint Eustatius and Saba	7	0	0	0	No cases	49
Saint Barthélemy	6	0	0	0	No cases	105
Anguilla	3	0	0	0	No cases	101
Saint Pierre and Miquelon	2	0	0	0	No cases	4
Eastern Mediterranean						
Iran (Islamic Republic of)	259 652	2 349	13 032	203	Community transmission	0
Pakistan	253 604	1 979	5 320	54	Clusters of cases	0
Saudi Arabia	235 111	2 852	2 243	20	Clusters of cases	0
Qatar	104 016	418	149	2	Community transmission	0
Egypt	83 001	931	3 935	77	Clusters of cases	0
Iraq	79 735	2 229	3 250	100	Community transmission	0
Oman	58 179	2 164	259	2	Community transmission	0
Kuwait	55 508	614	393	3	Clusters of cases	0
United Arab Emirates	55 198	344	334	1	Community transmission	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Afghanistan	34 740	289	1 045	35	Clusters of cases	0
Bahrain	33 476	535	109	1	Clusters of cases	0
Morocco	15 936	191	255	5	Clusters of cases	0
Sudan	10 316	66	657	7	Community transmission	0
Djibouti	4 977	5	56	0	Clusters of cases	0
Somalia	3 072	13	93	0	Sporadic cases	0
Lebanon	2 419	85	36	0	Clusters of cases	0
Libya	1 512	79	40	1	Clusters of cases	0
Yemen	1 502	33	425	7	Community transmission	0
Tunisia	1 302	39	50	0	Sporadic cases	0
Jordan	1 183	4	10	0	Clusters of cases	0
Syrian Arab Republic	417	23	19	3	Community transmission	0
Territories¹						
occupied Palestinian territory	7 441	404	41	2	Clusters of cases	0
Europe						
Russian Federation	739 947	6 248	11 614	175	Clusters of cases	0
The United Kingdom	290 137	530	44 830	11	Community transmission	0
Spain	255 953	2 045	28 406	3	Clusters of cases	0
Italy	243 230	169	34 967	13	Community transmission	0
Turkey	214 001	1 008	5 382	19	Community transmission	0
Germany	198 963	0	9 064	0	Clusters of cases	1
France	162 390	1 115	29 925	18	Clusters of cases	0
Sweden	75 826	928	5 536	10	Community transmission	0
Belarus	65 114	182	468	4	Community transmission	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Belgium	62 781	74	9 787	5	Community transmission	0
Kazakhstan	61 755	1 856	375	0	Clusters of cases	0
Ukraine	54 771	638	1 412	14	Community transmission	0
Netherlands	51 038	71	6 128	0	Community transmission	0
Portugal	46 818	306	1 662	2	Community transmission	0
Israel	39 294	1 279	364	7	Pending	0
Poland	38 190	299	1 576	5	Community transmission	0
Romania	32 948	413	1 901	17	Community transmission	0
Switzerland	32 861	148	1 685	0	Community transmission	0
Armenia	32 490	339	581	8	Community transmission	0
Ireland	25 638	10	1 746	0	Clusters of cases	0
Azerbaijan	24 570	529	313	7	Clusters of cases	0
Republic of Moldova	19 439	57	652	10	Community transmission	0
Austria	18 859	12	708	0	Community transmission	0
Serbia	18 639	279	405	12	Community transmission	0
Uzbekistan	13 872	679	64	3	Clusters of cases	0
Czechia	13 238	64	353	1	Clusters of cases	0
Denmark	13 037	91	610	1	Community transmission	0
Kyrgyzstan	11 538	421	149	2	Clusters of cases	0
Norway	8 981	16	253	1	Clusters of cases	0
North Macedonia	8 197	86	385	3	Clusters of cases	0
Bulgaria	7 411	159	276	8	Clusters of cases	0
Finland	7 295	1	329	0	Clusters of cases	0
Bosnia and Herzegovina	6 979	95	224	4	Community transmission	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Tajikistan	6 595	44	55	0	Pending	0
Luxembourg	4 956	31	111	0	Community transmission	0
Hungary	4 247	13	595	0	Community transmission	0
Greece	3 826	23	193	0	Clusters of cases	0
Croatia	3 775	53	119	0	Clusters of cases	0
Albania	3 667	96	97	2	Clusters of cases	0
Estonia	2 014	0	69	0	Clusters of cases	2
Slovakia	1 902	1	28	0	Clusters of cases	0
Iceland	1 900	4	10	0	Community transmission	0
Lithuania	1 874	5	79	0	Community transmission	0
Slovenia	1 849	8	111	0	Clusters of cases	0
Montenegro	1 287	66	24	1	Clusters of cases	0
Latvia	1 174	1	31	1	Sporadic cases	0
Cyprus	1 022	1	19	0	Clusters of cases	0
Georgia	999	4	15	0	Sporadic cases	0
Andorra	858	3	52	0	Community transmission	0
San Marino	716	0	42	0	Community transmission	4
Malta	674	0	9	0	Sporadic cases	4
Monaco	99	0	1	0	Sporadic cases	37
Liechtenstein	85	0	1	0	Sporadic cases	7
Holy See	12	0	0	0	Sporadic cases	68
Territories²						
Kosovo[1]	5 075	187	98	6	Community transmission	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Isle of Man	336	0	24	0	No cases	53
Jersey	329	4	31	0	Community transmission	0
Guernsey	252	0	13	0	Community transmission	72
Faroe Islands	188	0	0	0	Pending	6
Gibraltar	180	0	0	0	Clusters of cases	3
Greenland	13	0	0	0	No cases	46
South-East Asia						
India	906 752	28 498	23 727	553	Clusters of cases	0
Bangladesh	186 894	3 099	2 391	39	Community transmission	0
Indonesia	76 981	1 282	3 656	50	Community transmission	0
Nepal	16 945	144	38	0	Clusters of cases	0
Thailand	3 227	7	58	0	Clusters of cases	0
Maldives	2 762	31	13	0	Clusters of cases	0
Sri Lanka	2 646	29	11	0	Clusters of cases	0
Myanmar	336	5	6	0	Clusters of cases	0
Bhutan	84	0	0	0	Sporadic cases	1
Timor-Leste	24	0	0	0	No cases	81
Western Pacific						
China	85 623	55	4 649	1	Clusters of cases	0
Philippines	57 006	747	1 599	65	Community transmission	0
Singapore	46 283	322	26	0	Clusters of cases	0
Japan	22 220	352	982	0	Clusters of cases	0
Republic of Korea	13 512	33	289	0	Clusters of cases	0



Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Australia	9 980	183	108	0	Clusters of cases	0
Malaysia	8 725	7	122	0	Clusters of cases	0
New Zealand	1 195	1	22	0	Clusters of cases	0
Viet Nam	372	0	0	0	Clusters of cases	1
Mongolia	230	0	0	0	Sporadic cases	1
Cambodia	165	9	0	0	Sporadic cases	0
Brunei Darussalam	141	0	3	0	No cases	67
Fiji	26	0	0	0	Sporadic cases	2
Lao People's Democratic Republic	19	0	0	0	Sporadic cases	92
Papua New Guinea	11	0	0	0	Sporadic cases	18
Territories¹¹						
Guam	304	0	5	0	Clusters of cases	2
French Polynesia	62	0	0	0	Sporadic cases	16
Northern Mariana Islands (Commonwealth of the)	33	0	2	0	Pending	2
New Caledonia	21	0	0	0	Sporadic cases	34
Subtotal for all regions	12 964 068	196 775	570 275	3 634		
Other*	741	0	13	0	Not applicable	-
Grand total	12 964 809	196 775	570 288	3 634		

** See Annex 1 for data, table and figure notes.



Technical guidance and other resources

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- Updates from WHO regional offices
 - [WHO AFRO](#)
 - [WHO PAHO](#)
 - [WHO EMRO](#)
 - [WHO SEARO](#)
 - [WHO EURO](#)
 - [WHO WPRO](#)
- [Research and Development](#)
- [Online courses on COVID-19 and in additional national languages](#)
- [The Strategic Preparedness and Response Plan \(SPRP\)](#) outlining the support the international community can provide to all countries to prepare and respond to the virus
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operations Updates](#)

Recommendations and advice for the public

- [Protect yourself](#)
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- [EPI-WIN](#): tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes surveillance definitions.

Definition of COVID-19 death

A COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available [here](#) and [here](#).



Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

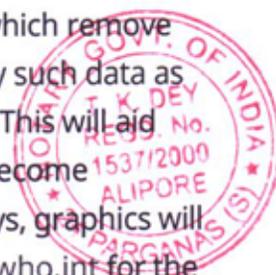
The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Counts reflect laboratory-confirmed cases and deaths, based on WHO case definitions, unless stated otherwise (see Country, territory, or area-specific updates and errata), and include both domestic and repatriated cases.

Other*: includes cases reported from international conveyances.

Due to the recent trend of countries conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, WHO will now display such data as negative numbers in the "new cases" / "new deaths" columns as appropriate. This will aid readers in identifying when such adjustments occur. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.



Additional table notes

¹ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases
- Sporadic cases: with one or more cases, imported or locally detected
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area
- Pending: transmission classification has not been reported to WHO

ii "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific updates and errata

- **Update 14 July 2020, Bulgaria:** Counts adjusted retrospectively by national authorities: case counts adjusted between 11 July and 13 July.



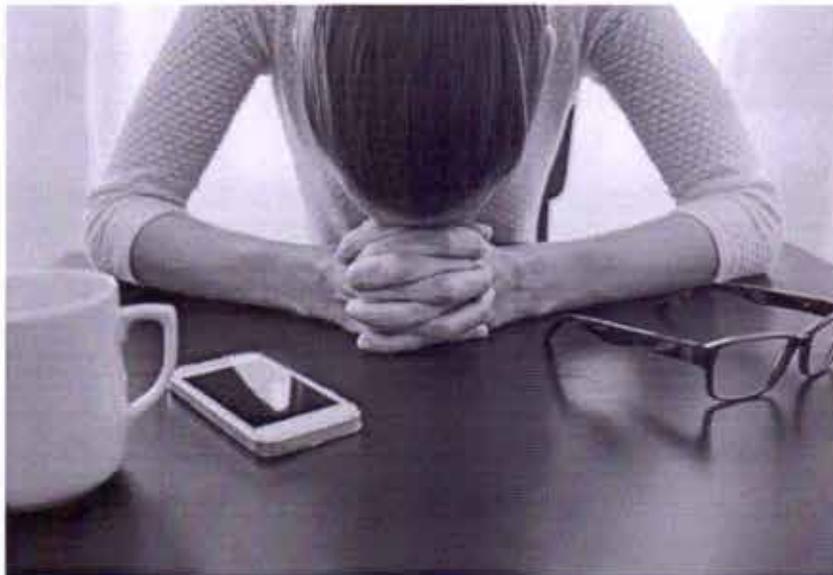
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Annexure

C1

Latest research from WTTTC shows a 50% increase in jobs at risk in Travel & Tourism



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25/03/2020

Number of jobs at risk from COVID-19 pandemic is up to 75 million

London, UK: Up to 75 million jobs are at immediate risk in global Travel & Tourism due to the coronavirus pandemic, according to the World Travel & Tourism Council (WTTTC).

The alarming figure, based on research from WTTTC, shows a punishing Travel & Tourism GDP loss to the world economy of up to US\$2.1 trillion in 2020.

The latest projection of a 50% increase in jobs at risk, in less than two weeks, represents a significant and worrying trend, with an astounding one million jobs being lost every day in the Travel & Tourism sector, due to the sweeping effect of the coronavirus pandemic.

The analysis by WTTTC, which represents the global Travel & Tourism private sector, also exposes the depth of the crisis for individual regions. Asia-Pacific is expected to be most heavily impacted with up to 49 million jobs at risk throughout the region, representing a loss of nearly US\$800 billion to Travel & Tourism GDP. The latest figures also suggest that in Europe, up to 10 million jobs in Travel & Tourism are at risk, totaling a loss of nearly US\$552 billion.

The Americas are also expected to be hit hard by this crisis, with the United States, Canada and Mexico expected to lose up to US\$570 billion combined, with nearly seven million jobs in Travel & Tourism at risk. Other countries expected to be hit hard by this crisis include Brazil, the United Kingdom, Italy, Germany, France, Japan, Indonesia and India.

Gloria Guevara, WTTTC President & CEO, said: "The number of jobs now at risk in the global Travel & Tourism sector is a staggering 75 million, bringing real and profound worry to millions of families around the world.

"This chilling new figure also represents the collective delay by many governments around the world to react quickly enough to come to the aid of a sector which is the backbone of the global economy.

"If urgent action is not taken within the next few days, the Travel & Tourism sector faces an economic meltdown from which it will struggle to recover and plunge millions of people dependent upon it for their livelihoods into debt. Not only will this have an enormous negative impact on major businesses in the Travel



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& Tourism sector around the world, the 'domino effect' will also result in massive job losses across the entire supply chain, hitting employees and those in self-employment.

"We call on all those in positions of power to help the powerless and enact policies to support and sustain a sector which is a driving force of the global economy and responsible for generating one in five of all new jobs."

Germany is set to be the most affected country in Europe, with almost 1.6 million jobs at risk, followed by Russia with an estimated 1.1 million in potential job losses. Italy and the UK follow as the third most impacted, with both countries projected to lose up to one million jobs in the Travel & Tourism sector.

Meanwhile, the region which has experienced the least damaging impact from the COVID-19 outbreak is the Middle East. However, it still faces job losses of 1.8 million and a GDP loss of up to US\$65 billion to the regional economy.

Travel & Tourism contributes to 10.4% of Global GDP, is directly responsible for generating one in 10 of the world's jobs, and for eight successive years, has outpaced the growth of the global economy.

[Download the press release here.](https://wttc.org/Portals/0/Documents/Press%20Releases/Latest%20research%20from%20WTTTC%20shows%20a%2050%20increase%20in%20jobs%20at%20risk%20in%20Travel%20and%20Tourism.pdf?ver=2020-05-05-114021-707) (https://wttc.org/Portals/0/Documents/Press Releases/Latest research from WTTTC shows a 50 increase in jobs at risk in Travel and Tourism.pdf?ver=2020-05-05-114021-707)

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More than 197m Travel & Tourism jobs will be lost due to prolonged travel restrictions, according to new research from WTTTC

10/06/2020

[Read more](http://wttc.org/News-Article/More-than-197m-Travel-Tourism-jobs-will-be-lost-due-to-prolonged-travel-restrictions) (<http://wttc.org/News-Article/More-than-197m-Travel-Tourism-jobs-will-be-lost-due-to-prolonged-travel-restrictions>)

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Annexure 'D'

National

Covid-19: IATA agents seek bailout package for travel and tourism sector

Our Bureau Kochi | Updated on April 10, 2020 | Published on April 10, 2020

f t in e w 0



IATA Agents Association of India has urged the Centre to introduce a bailout package for the travel and tourism industry.

The sector had contributed 9.2 per cent of the GDP in India and now due to the Covid-19 crisis, it is passing through a very critical phase, said Biji Eapen, National President of the IATA Agents Association of India. Quoting reports, he said 75 million jobs are at immediate risk in the global travel and tourism, of which 9 million would be from India. Currently, the travel and tourism businesses in India are forced to lay off their employees and remain apprehensive over the looming business situations, including liquidation.

The Association has urged the government to protect the salaries and jobs and extend interest-free loans as working capital to provide liquidity for large and small travel tourism businesses to resume their business. The government should also announce a moratorium on interest payments of all existing working capital loans and cash credit overdraft for next 12 months. The government should also waive or remove all dues, taxes, or fiscal charges for the next 12 months that affect cash flow.

The Association is planning a nationwide signature campaign to mobilise support from the industry as the government is in the process of introducing a simulation package for the economy, he added. IAAI invited entrepreneurs, employees, other stakeholders in the sector to participate and support the campaign.

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Annexure E

CORONAVIRUS CRISIS

India's Covid-19 lockdown may cause 38 million job losses in the travel and tourism industry

The sector employs 12.75% of the country's workforce.



Saninder Nana/AFP

Apr 14, 2020 - 9:28 pm

Chhanya Mukherjee, India@pand.ove

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The closing down of the iconic Taj Mahal last month is an evocative symbol of how India's travel and tourism landscape has changed due to Covid-19. The country's travel and tourism sector, more dependent than others on the free and confident movement of people, is staring at millions of disappearing jobs and a grey future.

As a result of the nationwide lockdown, with no travel possible, the tourism industry is being "badly hit", a government press release said on April 10.

Reports and experts suggest possible job loss across tourism and allied industries due to standstill caused by the Covid-19 outbreak across the world. "The Indian tourism and hospitality industry is staring at a potential job loss of around 38 million, which is 70% of the total workforce," due to Covid-19, a report by KPMG, a financial services and business advisory firm, said on April 1.

As many as nine million jobs - six times the population of Goa - in the travel and tourism sector are at risk in India, according to the World Travel and Tourism Council, a global forum to raise awareness about the industry.

If this trend continues as the Covid-19 crisis progresses, it will be a



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mid-to-late March 2020. "The industry has come to a standstill as the crisis has hit its nerve centres - the airlines and railways," Ajay Ball, managing director of the Mumbai-based BCD Travel India, the Indian arm of the Dutch corporate travel management firm, told IndiaSpend. "And in the next 45 days, we do not even know if there will be recovery."

"This is one of the worst crises to hit the tourism industry and it has impacted all its segments - inbound, outbound and domestic, and leisure, cruise, adventure, corporate meetings, conference, and exhibitions," said Unmesh Vaidya, currently business head at Iqoni Travel Services, a Mumbai-based startup specialising in corporate services such as meetings, incentive trips and conferences.

Ball described a job situation in flux, with some employees working from home - to handle cancellations, for instance, others asked to take their allotted leave, and those with no leave asked to go on leave without pay. Senior staff, he said, had been asked to take 30%-40% pay cuts.

While there were reports, he said, that blue-collar and contractual staff had been laid off at some travel firms, "actual retrenchment will only happen at the end of April if the lockdown is extended".

As of April 12, seven states - Odisha, Punjab, Rajasthan, Maharashtra, Karnataka, West Bengal and Telangana - had extended the 21-day nationwide lockdown.

Meanwhile, the current lockdown extends the curbs imposed on Kashmir in August 2019, hitting the livelihoods of 144,500 Kashmiris employed in the tourism and handicrafts sector, as IndiaSpend had reported on January 28.

Ravi Kumar, an employee of one of India's largest travel agencies, with 22 years' experience, was asked to go on leave without pay for 15 days in March, even before the lockdown was announced, as Covid-19 hit his firm with cancellations from end-February all the way to June 30, 2020.

The timing was particularly unfortunate: "This is a major season for travel and airline companies," Kumar told IndiaSpend. "A lot of bookings are made in February-May, whether for students travelling abroad, for leisure and vacation travel, for corporate travel, for religious and pilgrimage travel, and by elderly people visiting their children abroad."

For the many thousands of freelancers making a living out of travel and tourism, the situation is as bleak. "All our assignments have been cancelled," said Naina Thakkar, a professional tour guide in Mumbai for over 40 years, and part of a group of over 100 guides who work on a per-assignment basis with travel agencies and foreign tourists arriving on cruise ships. Some of her colleagues had not been paid since November 2019, she said, since cash-strapped travel agencies had held back their payments due to the worldwide slowdown.

While the tourism sector has struggled even before the pandemic, it remains, according to the Economic Survey 2019-20, "a major engine of growth, contributing to [gross domestic product] and foreign exchange earnings". The share of tourism in India's GDP was 5.06% in 2016-17, down from 5.81% from 2014-15, according to the tourism ministry's latest annual report cited above.

No clear timeline

While every industry is facing uncertainty over its future course with the unabated global advance of Covid-19, fears are more visceral for the tourism industry. As those in the industry point out, information technology, banking/financial services and pharmaceuticals have no doubt felt the sting of the virus, but they are not as dependent on the physical mobility of people, and their comfort with the idea of travel, both of which have been casualties of the current crisis. Will it take nothing short of a vaccine, they wonder, for people to feel confident enough to undertake non-essential travel again.

Vaidya is relatively optimistic: "I foresee a turnaround by August this year with restaurants, bars, event venues, amusement parks, hotels, flights leading our recovery. In that order," he said.

"The situation looks bleak," said Kumar, "as people will not be willing to travel even when the lockdown is lifted. Domestic travel may take off again, but people will not think of travelling abroad soon."

He added that agents were currently caught between passengers and



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the country," he said, adding, "things will be back to normal by January 2021". But even this prognosis is beset with uncertainty: "If international travel resumes, the first people to travel will be students and labourers. The leisure sector will be very slow to start its recovery."

Medium and small enterprises dominating the tourism and hospitality sector are likely to be severely impacted by the pandemic, at least till the month of June, according to Mridula Tangirala, head of tourism at Tata Trusts. "July to September have always been lean for tourism in India except for a few select pockets. The rate of revival after the month of October cannot be predicted right now as the full impact of the crisis is still unknown," she told *IndiaSpend*.

However, there was no way to make up for the income already lost, Sahina Dewan, president and executive director of Just Jobs Network, pointed out. She said that states relying heavily on income from tourism, such as Kerala and Himachal Pradesh, would feel the effects more.

The international picture

Internationally, the situation is bleak too, with several countries having restricted movement within and across cities and borders, and travellers themselves putting plans on hold, for both financial reasons and health anxieties.

As many as 25 million travel and tourism jobs are at risk worldwide, one in eight of them in India, according to the World Travel and Tourism Council. The council, which had earlier projected a 50-million global job loss due the pandemic, said in a *release* on March 25: "This latest projection of a 50% increase in jobs at risk, in less than two weeks, represents a significant and worrying trend, with an astounding one million jobs being lost every day."

This comment suggests that estimates could turn even more bleak with the further spread of the pandemic. Travel and tourism was the *second fastest* growing sector in the world at 3.9% in 2018, after manufacturing which grew by 4%, according to World Travel and Tourism Council.

The Asia-Pacific region may lose 49 million jobs due to the pandemic, causing a loss of nearly \$800 billion to travel and tourism GDP, the council's most recent analysis suggests. More than half of these jobs – 25.6 million – are in China, where Covid-19 originated.

Foreign travel

The nationwide *21-day lockdown* from March 25 suspended domestic flights, trains and inter-state buses, and instructed all Indians to stay at home. The government had already restricted foreign arrivals earlier in March, first *suspending* tourist visas and visa-free travel for those holding Overseas Citizen of India cards, then prohibiting arrivals from Covid-19 hotspots, and finally *cancelling* all international flight landings from March 22 – about 700 a week.

The government called for *suspension* of all hospitality services with exceptions only for those who were accommodating tourists and people stranded due to the lockdown, and those designated as quarantine facilities.

Thus, foreign tourist arrivals in India – which saw a *2% decline* in February over January and a 7% fall compared to February 2019 – plummeted in March 2020.

Likewise, occupancies across hotels in India crashed, by over 40% in many cases; and cancellations were at an all-time high, said a March 23, *report* by ICRA, an independent investment information and credit rating agency.

The United States and the United Kingdom together accounted for 24% of India's foreign tourist arrivals in February. These two countries are among the worst affected by Covid-19, reporting over 600,000 cases, according to data from Johns Hopkins University.

Domestic tourist visits numbered 1.8 billion in 2018, a 12% increase from 2017, the tourism ministry's 2019 *report* said. With the lockdown, this too has come to a standstill. The shutting down of the iconic Taj Mahal on March 17, which attracted over seven million *visitors* – both domestic and foreign – in 2018-'19, was an evocative symbol of the dramatically altered tourism picture. The lockdown has also led to the *closure* of pilgrimage sites and temples across states, affecting local businesses and



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Hotels and restaurants

The revenue losses in the travel and tourism sector would run into multiple quarters. Pavethra Ponniah, Vice President at ICRA, estimated: "Several hotels have already let go of all contractual labour. While there are discussions on pay cuts, we are not hearing of permanent labour cuts yet. A prolonged downcycle could, however, lead to those also being pruned."

The indirect impact in the unorganised sector, including tourism, hospitality and transport, would be much bigger, said Santosh Mehrotra, Cambridge Professor of Economics and Chairperson, Centre for Labour Studies, Jawaharlal Nehru University. "Casual workers are employed in the urban and rural areas, but it is in urban areas where the economy has been brought to a standstill," he said. All the unorganised sector jobs in urban areas would be affected and slowly the effect would be felt in rural areas.

The restaurant industry in India, with an annual turnover of approximately Rs 4 lakh crore, provides direct employment to more than seven million people - 11 times the population of Sikkim - according to Anurag Katriar, president of the National Restaurant Association of India. "The sector is fighting a grim battle for its survival," he said. "We are staring at almost zero revenue in the immediate term and at least a drop of 50% for months thereafter." The biggest concern, he added, was the fate of the millions employed in this sector.

"Nearly 15% of the jobs in the hotel and restaurant industry will be impacted once the lockdown is lifted, as the industry will not see an immediate surge in demand," estimated Sukesh Shetty, general secretary, Indian Hotel and Restaurant Association, the largest association of restaurants and bars in Maharashtra with over 35,000 members.

About two million people, many unorganised workers, are employed across the state in these hotels, restaurants and bars, according to Shetty. For restaurant owners, one of the uncertainties lying ahead is how comfortable people feel with the idea of eating out, even after the lockdown, when fears about hygiene and infection have taken root.

"I have never seen such a situation in my lifetime," Shetty told IndiaSpend, explaining that about half the staff working in hotels and restaurants had left Mumbai in fear of the epidemic. Losses, he said, would become clearer only after a proper assessment of the damage to businesses and their supply chains. "For owners to bear the burden of a big workforce without income or government intervention is going to be tough," he said. Without support, many establishments would close down, he warned.

The hotel and restaurant industry is seeking relief measures from both the state and central governments such as interest-free loans from banks, waiver on all licence fees, supply of subsidised food grains and a tax holiday for a period of one year in order to maintain jobs and support the industry. They also expect to restore input tax credit on Goods and Services Tax - i.e. claiming the credit paid on the purchase of goods and services which are used for furtherance of business - which will help them bring down fixed operating costs.

"The NRAI is grateful to the government and the RBI for their recent measures aimed at mitigating some of our woes," Katriar said. "Deferment of GST payments, concession extended on PF contribution and permission to employees to partially withdraw from their PF accounts, moratorium on EMIs and easing of interest rates are all steps in the right direction," he added.

Aviation sector

A linked sector, aviation, could incur losses worth Rs 27,000 crore in the first quarter of 2020-21, according to the Centre for Asia Pacific Aviation, India, a consultancy and advocacy agency. These estimates are based on the assumption that all domestic and international operations will remain grounded until June 30. "Even with some partial resumption of services in May and June, the financial outcomes may not change significantly," it said.

"The aviation sector was struggling in any case," Mehrotra said. "For decades we have been trying to sell off Air India, but now markets have fallen and there is no possibility of selling it for many months again."

Dewan of the Just Jobs Network estimated that India's air transport market employs over 400,000 people and another 940,000 are employed



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trouble. The passenger traffic for domestic airlines grew by 3.7% during 2019-20 registering "a distinct fall" from the 15.1% growth rate achieved in the corresponding period in the previous financial year. "The general slowdown in the economy since the start of FY20 has led to a sharp moderation in airline passenger growth operated by domestic airlines," the report said.

The way forward

Experts have emphasised on the need and potential to tap domestic tourism and the impact that social media has in capturing the imagination of potential travellers as the way forward to come out of the situation.

"China is a very big inbound market and that market is going to be damaged," Dipak Deva, co-chairman, FICCI Tourism Committee and managing director, Sita, Travel Corporation India and Distant Frontiers, said in a webinar on "Indian Travel and Tourism Industry: Impact, Survival & Roadmap to a better Future" on April 6. "It is a very big opportunity for India to try and tap the business when it revives unlike the manufacturing sector that let it go."

"We have to go back to the strength of the domestic market to fuel its own consumption and if we get that engine going, then we will be far less touched in the negative way," Rupinder Brar, additional director general with the Ministry of Tourism, said during the webinar. "Over the next few weeks, if cases in India do not spiral - the way it has impacted western Europe or America - then there is an opportunity in the domestic market and we need to capitalise it," she said.

This article first appeared on [IndiaSpend](#), a data-driven and public-interest journalism non-profit.

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Amrith F

News - India

COVID-19 lockdown hits tourism industry, chokes economy in Himachal Pradesh

India



Muskaan Jreat | Senior Reporter
Updated May 18, 2020 | 12:46:01



Over 7 lakh people in Himachal Pradesh directly or indirectly depend on tourism and the tourism sector contributes to 6.6 per cent in the state GDP.



KEY HIGHLIGHTS

- After 3 phases of lockdowns, Himachal tourism is struggling to stay afloat
- Over 7 lakh people in Himachal Pradesh in tourism sector are directly affected
- After summer season tourism body blow, hoteliers have little hope for winter

Shimla: Who doesn't want to enjoy the cool breeze on a hot May day with a picture-perfect view? Whenever people want to escape the heatwave in the plains, Himachal is always on their list. And why not? The state has never failed to fascinate travellers with its diverse flora and fauna. But this year is a little different and the haven for tourists has no admirers.

The pandemic and travel restrictions that followed have tremendously hit the tourism sector in the state. The Himachal government on March 18 banned the entry of tourists in the state and with that the main source of the state's economy was also choked. 3,350 hotels, 1,656 homestays and 2,912 travel agencies registered with the tourism department in 2019 are struggling to stay afloat with no tourists entering the state as of now.

Not just hoteliers but guides, adventurers and taxi drivers too have been affected severely. According to data released by the state government, as many as 3.82 lakh foreign and 1,68,29,231 domestic tourists arrived in the state during 2019 but this year, the ones that were already here in early March were sent back and the state border was sealed - not allowing anyone to enter the state. A taxi driver, while speaking to Times Now, said that with uncertainty over when the borders will be open again to travellers, there is very little hope left.

Speaking to Times Now, Prateek Thakur, the head of operations at Adventure Resort in Kulfi, said that he doesn't expect the resort to open anytime soon and he is not expecting any tourist this summer. He said that the summer season has ended even before it started, and even the winter season doesn't seem that profitable since COVID-19 isn't slowing down.

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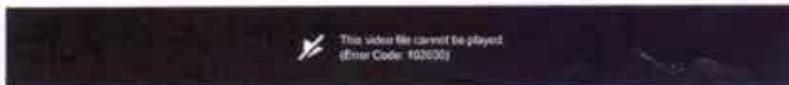


Shimla, Manali cover again

He added that most of the revenue is generated during the months of May and April and since there is no work now he has sent 90% of his staff back to their villages. The MD of Hotel Snow View in Manali, Vipin Bakshi said that small hotels have lost close to 1 lakh per month and bigger hotels have estimated a loss of 4 lakhs per month. He has requested the government to offer tax rebates and take other measures to help this industry thrive.

They are not the only ones. Over 7 lakh people in Himachal Pradesh directly or indirectly depend on tourism and the tourism sector contributes to 6.6 per cent in the state GDP. And even though Himachal has managed to contain the coronavirus spread better than the other states and is proud of it, the economy and tourism industry have definitely taken a body blow after the lockdown.

Check the latest facts on Covid-19 [here](#). Times Fact 'India Outbreak Report' by TIMES NETWORK and Prosviti is a comprehensive analysis that highlights the impact of the pandemic in India and projects the possible number of active cases in the weeks ahead.



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COVID-19: HP has suffered Rs 410 cr revenue loss due to lockdown, says CM

Press Trust of India | Shimla
Last Updated at April 20, 2020 21:36 IST

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HP State Planning Board approves Rs 7,900 crore annual plan for 2020-21

Himachal Pradesh has borne a loss of Rs 410 crore in the last 30 days due to the lockdown clamped to contain the spread of COVID-19, Chief Minister Jai Ram Thakur said on Monday.

Talking to mediapersons here, the chief minister accompanied by chief secretary Anil Khachi and director general of police Sita Ram Mardi said the loss in revenue will be compensated and the state government's topmost priority was to save lives.

The state earned a mere Rs 40 crore in the last 30 days against the average monthly earnings of Rs 450 crore. So, the state exchequer had to bear a loss of Rs 410 crore, he said.

The state's private sector including the tourism industry also suffered a huge loss due to the lockdown but our topmost priority is to save the lives of the people of Himachal Pradesh, he said.

Thakur said the state government had to take some unpleasant decisions like closing educational institutions, temples during navratras and banning entry of tourists as there was no other option to check the spread of coronavirus in the state.

These harsh steps have yielded positive results, however, the state's COVID-19 tally witnessed a spike due to Nizamuddin Markaz returnees, he said. As many as 25 of total 39 cases tested positive in the state are of either either those who attended the Tablighi Jamat congregation in Delhi or their contacts, he added.

After the state government issued a stern warning to the Jamatis, several of them and their contacts came forward for testing, he said further.

Attest Tare

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...nwhile, Khatun said 77 per cent of the total cases in the hill-state are asymptomatic. Out of 39 COVID-19 positive cases, 36 are males and 3 females, while the average age of the patients is 38, he said.

The chief secretary said that the state has a stock of 4,500 personal protection equipment (PPE), 15,000 N 95 masks and 64 ventilators.

Efforts are on to procure more PPEs to increase the stock upto 50,000 PPEs, he added.

"We have got 5,000 rapid testing kits from Indian Council of Medical Research (ICMR) so far against our demand of 30,000 kits," he said.

Besides, the state has a 855 hospital beds including 53 in the intensive care units (ICUs) for confirmed COVID-19 patients, he said, adding that 9000 beds for institutional quarantine were available as well.

(This story has not been edited by Business Standard staff and is auto-generated from a syndicated feed.)

First Published: Mon, April 20 2020. 21:36 IST

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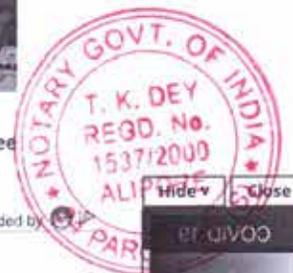


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Annex +1

HIMACHAL

87 pc decline in Himachal's revenue in April: CM

Says govt not to cut capital expenditure but curb wasteful expenses

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Posted: 15 July 2020 14:44:17 Updated:



Chief Minister Jai Ram Thakur

RESTARTING ECONOMY

The Covid-19 pandemic has hit the economy of Himachal Pradesh. However, its impact in the hill state will be bigger, as the tourism sector has been devastated — tourism contributes around 7 per cent to the state GDP and is also one of the major sources of employment. Chief Minister Jai Ram Thakur, who also holds the Finance portfolio, says though the state economy is being impacted, he will not cut down on capital expenditure. In an e-mail interaction with Vijay C Roy, he says that non-productive and wasteful expenditure will, however, be curbed.

To what extent, the lockdown has affected the economy of the state? How much revenue was collected in April this year?

The lockdown has adversely affected the economy of the state. There has been 87 per cent decline in the state's revenue in April this year, compared to April 2019. Against the expected receipts of Rs 883 crore, only Rs 116 crore has been collected — a shortfall of Rs 767 crore. The state has suffered a loss of about Rs 16,000 crore in GSDP up to April 30.

Will you be able to achieve the budgeted revenue target for the current fiscal? What kind of revenue shortfall do you foresee?

No doubt, coronavirus will keep hurting the world economy for quite some time. Yes, we see a lack of buoyancy in the state's revenue. However, as the lockdown impact eases, we expect the economy to pick up.

The pandemic will continue for a few months, according to experts. How do you plan to cope with the revenue shortfall? Are you planning to cut down on capital expenditure?

We will not cut down on capital expenditure. However, non-productive and wasteful expenditure will be curbed.

How many manufacturing units are there in Himachal and how many of these are functional at the moment?

There are 55,496 units registered with the Department of Industries. It can safely be said that 25 per cent of the total registered units are in the service sector; hence total manufacturing units are around 41,600. On April 30, more than 2,900 MSME and large units with 64,000 workers were functional, besides many micro and village industries.

What is the status of pharma industry in the state as far as operations are concerned? How is your government facilitating it to resume full production at the earliest?

The Baddi-Barotiwala-Nalagarh area is known as the pharma hub. There are about 589 pharma units in the state and out of these, 439 are working. There are 381 units ancillary to the pharma and food sectors and of these, 350 are functional. To help them resume full operations, the government has issued them online curfew passes and allowed inter-district movement of workers and logistics. The units are also allowed to work on a three-shift basis to ramp up production.

What lessons have been learnt from Covid?

The coronavirus pandemic has surprised the whole world. No one had expected such a thing to happen. The natural calamity has forced policymakers to ponder over how to create better healthcare facilities at the grassroots level. It has also compelled us to frame our developmental policies and programmes keeping in view man-made and natural disasters.

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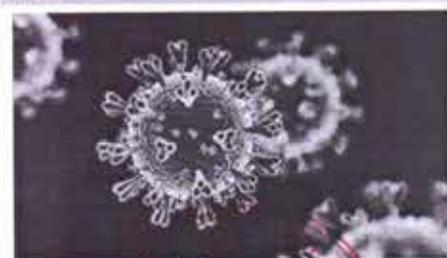
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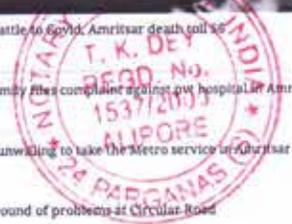
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Lockdown Impact: Tourism ground to a halt in Himachal

IANS

MAY 26, 2020 9:05 AM IST

Tourism – a crucial engine of Himachal Pradesh's economic growth and important source of earning for tens of thousands in the hill state – has ground to a halt as the pandemic nose dives summer holiday plans.

Members of the hospitality industry say in recent times they have never seen such a disaster as the arrival of tourists has almost stopped, and hotel bookings vanished as states closed their borders and imposed lockdown.

"Tourism is one of the industries that has been worst hit by the coronavirus pandemic and the hotel industry is on the edge to collapse," Mohinder Seth, state convener for the All Himachal Associations of Hospitality and Tourism Forum, said.

He said the tourism could take at least 12 to 18 months to get back on track in the state and such a long period is a matter of concern for the tourism entrepreneurs without earning.

"Revenue of around 60 per cent of tourism units in the state is earned from April to June only. This eases out the entrepreneurs to meet the fixed expenses for the whole year," said Shimla-based hotelier Seth.

Tourism stakeholders were expecting a special package from the central government to keep the tourism industry alive.

"In the recent announcement of the relief packages, nothing has been given to tourism due to which the stakeholders have been disappointed," he said.

Himachal Pradesh is a major tourism destination. The contribution of the tourism sector to the state GDP is about seven per cent, a significant one.

A delegation of the hotel and tourism industry led by Legislator Vikramaditya Singh met Chief Minister Jai Ram Thakur here last week and apprised him that in the past three months the tourism units have not been able to generate any revenue.

Now they are no more capable of paying their fixed costs like salaries, electricity and water charges and taxes.

They sought a special financial package from the state for their survival as they have already lost its peak season unlike other tourist states like Goa, Rajasthan and Kerala where it is low summer season.

The package for all categories of hotels comprises interest-free loans from the state cooperative and state-owned banks, waiver of interest on existing term loans, etc.

Officials of the state-run Himachal Pradesh Tourism Development Corporation (HPTDC) said the occupancy in most of their hotels in all tourist destinations is almost negligible.

"A few of our properties, mostly in Shimla, Manali and Dharamsala, have been turned into private quarantined centres for those with travel history either from abroad or within states," state-run Hotel Holiday Home deputy general manager Nand Lal said.

He said a 50 per cent discount is given on room tariff for those who want to quarantine in the hotel.

"Our hotels are totally dependent on the tourists mainly from the north Indian states of Punjab, Chandigarh, Haryana and Delhi," he said.

"At this point in time, the occupancy, other than those availing quarantine facility, is almost nil compared to almost packed to capacity in the previous year. This lockdown has pushed the entire hospitality industry to the brink," Nand Lal said.

He said Hotel Holiday Home, a prominent hotel in the state capital, is going to start food delivery at the doorsteps for the first time from June 1 to boost its revenue.

Subj: Tourism
 Affected Tourism



Chief Minister Jai Ram Thakur said the focus of the state now is to fight the coronavirus.

"We are concerned that the state's tourism industry is passing through a bad phase owing to the pandemic. We will try to revive it once the virus is under control," Thakur said.

Contrary, Seth of the All Himachal Associations of Hospitality and Tourism Forum said till the tourism industry did not stand on its feet, its employees should be provided employment under some schemes like Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).

"The monthly salary bill in the state's hospitality industry stands at nearly Rs 50 crore. It is almost impossible for the tourism units to bear this huge amount of salary. If there is no relief from the government, we may be forced to opt for staff retrenchment," he added.

Corporate executive Shweta Ahuja from Chandigarh said she had cancelled her bookings in Manali owing to coronavirus epidemic. Now she is planning her visit not before the next summers.

Himachal Pradesh's economy is highly dependent on tourism, besides hydroelectric power generation and horticulture. State's tourist footfall last year increased to 172.12 lakh, which included 3.83 lakh foreigners, from 164.50 lakh in 2018. The highest arrival in 14 years was at 196.02 lakh in 2017.

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J

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Annex 'J'

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HIMACHAL

Amid outrage, notice to HP on tourist entry

Hoteliers express safety concerns

Posted: Jul 09, 2020 07:19 AM IST Updated: 9 days ago

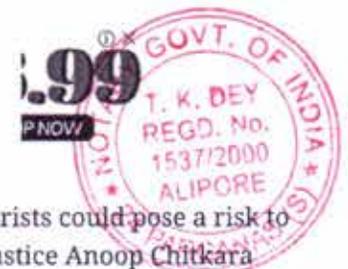
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Photo for representation purpose only.

Shimla, July 8

Amidst mounting resentment among hoteliers, panchayats and beopar mandals against HP's decision to throw open its doors for tourists, the High Court today issued a notice to the government on a petition filed by local Neelam Sharma.



Sharma has sought withdrawal of the July 2 government order, stating that allowing tourists could pose a risk to the safety of locals. A Division Bench comprising Chief Justice L Narayana Swamy and Justice Anoop Chitkara directed the Chief Secretary and secretaries of revenue and tourism departments to file their replies by July 20. Some panchayats in Manali have threatened to prevent tourists' entry. — TNS

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Annex 'K'

AJAY BHALLA, IAS



गृह सचिव
Home Secretary
भारत सरकार
Government of India
North Block,
New Delhi

D.O. No. 40-3/2020-DM-I(A)

29th June, 2020

Dear Chief Secretary,

Kindly refer to Ministry of Home Affairs (MHA)'s Order of even number issued today whereby new guidelines for phased re-opening, Unlock 2, for opening up of more activities in areas outside the Containment Zones have been issued.

2. As stipulated in the Unlock 1 Order and guidelines issued on 30.05.2020, certain activities, i.e., religious places and places of worship for public; hotels, restaurants and other hospitality services; and shopping malls; have been permitted outside the containment zones from Jun 8, 2020, and the detailed standard operating procedures (SOPs) have also been issued. In Unlock 2, which will come into effect from July 1, 2020, the process of phased re-opening of activities has been extended further. Lockdown, however, shall continue to be implemented strictly in the containment zones till 31 July, 2020 with strict perimeter control and strict enforcement of containment measures as per guidelines of the Ministry of Health & Family Welfare (MOHFW).

3. As per the practice, the guidelines on Unlock 2 are based on feedback received from States and UTs, and consultations held with the related Central Ministries and Departments. After extensive consultations, it has been decided that schools, colleges and coaching institutions will remain closed till July 31, 2020. Government training institutions will be opened from July 15, 2020; night curfew will continue with relaxation in timings and with more permitted activities; and shops, depending upon space available, can have more than 5 persons at a time, while maintaining adequate physical distance among customers. Domestic flights and passenger trains have already been allowed in a limited manner. Their operations will be further expanded in a calibrated manner. Further dates for opening up of the remaining prohibited activities will be decided separately, based on the assessment of the situation.

4. As emphasized in my earlier D.O. letters, I would like to reiterate again that States/Union Territories cannot dilute restrictions imposed vide the aforesaid guidelines issued by MHA. States/UTs, based on their assessment of the situation, may prohibit certain activities in areas outside containment zones, or impose such restrictions as deemed necessary. However, there shall be no restriction on inter-State and intra-State movement of persons and goods including those for cross land-border trade under Treaties with neighbouring countries. No separate permission/ approval/ e-permit will be required for such movements.

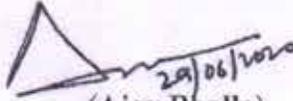


Attest
The
[Signature]

5. I would urge you to ensure compliance of the Unlock 2 guidelines and direct all authorities concerned for their strict implementation. Further, guidelines issued by MHA, and consequent Orders issued by the respective State Governments / UT Administrations should be widely disseminated to the field functionaries for implementation and to the public for awareness and compliance.

with regards,

Yours sincerely,


29/06/2020
(Ajay Bhalla)

Chief Secretaries of All States
(As per Standard List attached)





AJAY BHALLA, IAS



गृह सचिव
Home Secretary
भारत सरकार
Government of India
North Block,
New Delhi

D.O. No. 40-3/2020-DM-I(A)

29th June, 2020

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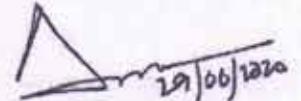


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with regards,

Yours sincerely,


(Ajay Bhalla)

Administrators of All UTs
(As per Standard List attached)





- 63 -

Annex - L

Government of Himachal Pradesh
Department of Tourism & Civil Aviation

No.Tsm-F(4)-3/2020

Dated: Shimla-2 the

4th July, 2020

ORDER

Whereas, the Department of Tourism & Civil Aviation, Himachal Pradesh vide letter No.5-99/2020/TSM-201 dated 9th June, 2020, has issued COVID19 Safety and Hygiene guidelines for Tourism Sector in accordance with the guidelines issued by the Ministry of Tourism, Government of India for operation of Hotels and other accommodation units in the State (Annexure "A").

And Whereas, Revenue Department – Disaster Management Cell, Himachal Pradesh vide order No.Rev(DMC)(C)20-2/2020-Covid 19 dated 2nd July, 2020 has issued new guidelines on Unlock 2 by opening up more activities and as per these guidelines, Tourism units will be opened and operated as per the SOPs to be issued by the Department of Tourism Department from time to time.

Now, therefore, the undersigned after considering status of the COVID-19 pandemic and the overall circumstances, hereby orders the issue of **additional Standard Operating Procedures (SOPs) for opening of Tourism Units in the State** as per Annexure-"B" appended to this Notification for information and strict compliance thereto of all concerned.

These Standard Operating Procedures (SOPs) shall come into force with immediate effect.

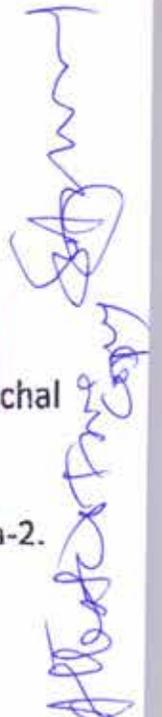

(Devesh Kumar)

Secretary (Tourism & CA) to the
Government of Himachal Pradesh.

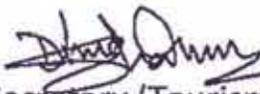
Endst.No. Tsm-F(4)-3/2020 Dated: Shimla-2 the
Copt for information and necessary action to:-

1. All the Administrative Secretaries to the Government of Himachal Pradesh.
2. The Pr.Secretary to the Chief Minister, HP, Shimla-2.
3. The Adviser-cum-Pr.Private Secretary to the Chief Minister, HP, Shimla-2.
4. The Sr.Spl.PS to Chief Secretary, Govt. of HP, Shimla-2.





- 64 -
5. The Secretary to Governor, HP, Shimla-2.
 6. All the Divisional Commissioners in HP.
 7. All the Heads of Department in HP.
 8. The Director, Tourism & Civil Aviation, HP, Shimla-9 for circulation thereof to all DTDOs / IHMs / concerned stake holders.
 9. All the Deputy Commissioners in HP.
 10. All the Superintendent of Police in Himachal Pradesh.
 11. The Managing Director, HP Tourism Development Corporation, Ritz Annexe, Shimla-1.
 12. The Director, Information & Public Relations, HP, Shimla-2.


Addl. Secretary (Tourism & CA) to the
Government of Himachal Pradesh.





No. 5-99/2020/TSM- 201
Department of Tourism & Civil Aviation,
Himachal Pradesh, Shimla-171009.

To

1. All the Deputy Directors/DTDOs/ATDOs, Department of Tourism & Civil Aviation/Field Offices.
2. The Principles of IHM, Kufri, Hamirpur and FCI Dharamshala
3. All the Hotel, Restaurant, Travel Agents, Associations of Himachal Pradesh.

Dated: - Shimla-9, the 09th June, 2020.

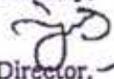
Subject: - Regarding approval of the Draft SOP for the Tourism Industry.

Sir,

With reference to the Order of Revenue Department - Disaster Management Cell, HP dated 31.05.2020. The Department of Tourism & Civil Aviation, Himachal Pradesh, hereby circulates COVID-19 Safety and Hygiene guidelines for Tourism Sectors in accordance with the guidelines issued by the Ministry of Tourism, Government of India for operation of Hotels and other accommodation units (Copy enclosed).

It is therefore requested to kindly adhere to these Guidelines in letter and spirit & also circulate with all the concerned.

Yours Faithfully,


Director,
Tourism & Civil Aviation,
H.P. Shimla-171009.
Dated:-

Endst. No. As above.

Copy to:-

1. The Secretary (Tourism & Civil Aviation) to the Government of Himachal Pradesh w.r.t. your letter No. Tsm-F(4)-3/2020 dated 09.06.2020 for information.
2. The Administrative Secretaries to the Government of HP.
3. The Head of the Departments, Himachal Pradesh.
4. All the Managing Directors/Secretaries, Corporations and Boards in HP.
5. The Divisional Commissioners in the State of H.P.
6. All the Deputy Commissioners in the State of H.P.
7. All the Superintendent of Police in the State of H.P.
8. The Director, Information & Public Relation, H.P. with a request to give vide publicity.


Director,
Tourism & Civil Aviation,
H.P. Shimla-171009.



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COVID-19 Safety and Hygiene Guidelines for Tourism Sector

COVID-19 Safety Guidelines for Tourism Sector

(Hospitality Units)

1. Introduction

1.1. Need for suitable measures post COVID-19 Lockdown

Given the current COVID outbreak in India, it is important that all hotels and other hospitality units take suitable measures to restrict any further transmission of the virus while providing accommodation and other tourist services post lockdown. The guidelines aim to minimize all possible touch points between a Staff and Guest and maintain social distancing and other preventive and safety measures against COVID-19. It also endeavors to make the traceability of the guests easier, in case a situation in future warrants so.

1.2. Applicability

It must also be clearly understood that any instructions issued by the respective State Governments or other Competent Authorities from time to time will be binding and will override the provisions in this document, and must be strictly complied with.

2. Hotels

The management must educate all categories of staff of the critical importance of these procedures designed to make operating the hotel safe for both guests and staff alike. Special attention has been made to make it extremely safe for staff to carry out their assigned tasks. The safety of the staff will not be compromised at any time.

2.1. General Information on proposed measures

- 3. Social distancing measures, together with frequent hand hygiene and respiratory etiquette, are the main measures to prevent transmission of COVID-19. Although it is probable that guests are already familiar with these measures, they should be reminded as a form of hospitality.
- 4. Social distancing includes refraining from hugging & shaking hands with guests as well as among staff. It involves maintaining a distance of at least 1m (3 ft) and avoiding anyone who is coughing or sneezing. Hand hygiene means regularly and thoroughly cleaning hands with alcohol-based hand rub or washing them with soap and water. Also avoid touching eyes, nose, and mouth. Hand disinfection is indicated after exchanging objects (money, credit cards) with guests.



5. Respiratory etiquette means covering mouth and nose with bent elbow or tissue when coughing or sneezing. The used tissue should be disposed off immediately in a bin with a lid.

5.1. Establishing a Management Team (Rapid Response Team)

6. Appoint a management team headed by "Rapid Response Leader", ideally an officer from the higher management or a specially appointed officer and "Rapid Response officers" from each and every operational departments. The appointed Management team (Rapid response team) should strictly follow these guidelines in consultation with other directions, which may be issued from various authorities in connection with COVID-19.
7. The team should be responsible to prevent incidents, effectively manage cases and mitigate impact among guests, staff and other involved parties in the operation. And the team should update the entire staff when necessary as a result of issuance of new guidance, procedures, regulations or any change issued by the pertinent authorities.
8. Team should frequently evaluate, identify gaps and adjust in accordance to ensure the practicality and make sure the consistent continuation and be alert on unusual and notable incidents. The team must ensure to record all notable, unusual, important incidents & measures taken in detail. Outcome of the collection of this data to be used for program advancements and the record to be archived for future references.

8.1. Communication

9. Communication to be circulated among staff through the head of departments (Rapid Response team) to make sure the flow of correct and pre-defined information on any incident may arise in the future. Precautionary measures or any other related information are communicated effectively to guests and all the other stakeholders to make sure the consistency of the alignment.
10. The team should promote key messages for the staff and guests by using various information tools:
 - (i). Promoting of hand washing
 - (ii). Respiratory hygiene
 - (iii). Basic Hygiene practices
 - (iv). Contact information of key staff personnel
 - (v). Emergency Telephone numbers

The units will put up awareness posters at appropriate places, Do's and Don'ts for Guests posters inside the rooms, and other activities for staff and guest awareness.

10.2. Training and information



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The Rapid Response Team should obtain necessary training and instructions from the Concerned Authorities whenever requested. And brief on the prevailing situation and corrective measures to be taken against COVID-19 among staff, guests and all the other stake holders to enhance the preparedness.

10.3 Do's and Don'ts for the guest.

- (i) Wear a mask whenever outside the room.
- (ii) Clothes should not be washed inside the room.
- (iii) In case a balcony is shared with another room, please be on the side of your room.
- (iv) Do not interact with the other room's guests.
- (v) No visitors should be allowed in the rooms.
- (vi) Doors should be kept closed and any contact with the door knobs should be avoided.
- (vii) Kitchen and washing area entry must be prohibited for guests.
- (viii) Always keep a safe distance of at least 2 m (6 feet) while you are at the property.
- (ix) Wash your hands frequently with the soaps/sanitizers provided.
- (x) Put all disposable plates/cups/bottles after use in the garbage bag.

10.4 Do's and Don'ts for hotel staff.

- (i) Hotel staff should follow restricted movement (only in case of work) around rooms.
- (ii) Hotel staff are advised to maintain minimum 2 m(6 ft) distance with the guests and other staff members at all times.
- (iii) Hotel staff should sanitize/wash their hands regularly.
- (iv) Hotel staff should adhere to zero touch policy.
- (v) All hotel staff should wear masks all the time.



10.5. Posters

Posters should be displayed at various location for information and awareness:

- (i). Emergency helpline numbers - At the reception
- (ii). 2 m (6 feet) - Reception & other strategic places
- (iii). General Information - Reception
- (iv). Hand Washing - Reception & Inside the room
- (v). Respiratory hygiene - Reception & Inside the room
- (vi). Dos & Don'ts - At all appropriate places

10.6. Availability of COVID related amenities

Below mentioned amenities must be available at the property apart from regular hotel amenities:

- (i). Must Have
 - (a). Hand Sanitizers
 - (b). Masks
 - (c). Garbage Bags
 - (d). Chemicals for Deep cleaning
 - (e). Thermal Gun
 - (f). Hand gloves
- (ii). Good to have
 - (a). Gowns/Aprons
 - (b). Personal protective equipment (PPE)

10.7. Use of ArogyaSetu

The staff should use ArogyaSetu app for survey & same will be followed for guests during check in except in case of Foreign Nationals.

10.8. General Guidelines



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Following general guidelines must be observed by all concerned:

- (i). All hotel staff including security guards must wear masks and single use gloves mandatorily while performing their duties at the property.
- (ii). All hotel staff and guests must always maintain safe distance of at least 2m (6 feet) while at the property.
- (iii). To ensure that all hotel personnel use masks, hand gloves and sanitizers while doing daily activities, they need to be properly trained. Ground ops/ team to train the staff on this.
- (iv). A well informed and trained security person and a 24x7 security guard to keep check at the main entrance gate of the area should be available (wherever applicable).
- (v). Daily Temperature to be checked with a thermal gun thermometer for all staff members: every guest; any visitor including vendors.
- (vi). All the staff to wear shoes while operating at the property and shoes should not be opened while cleaning the property. It is advised to wear a disposable shoe cover while cleaning.
- (vii). Staff should remove the gloves properly and should not touch their face after removing the gloves. Staff to immediately wash hands after removing gloves.
- (viii). Guests to avoid using lifts and use the staircase instead. In case lift is being used, social distancing should be followed.
- (ix). Visitors to the hotels should not be allowed
- (x). CCTV cameras must be fully functional
- (xi). All touch points (like door knobs, switches, door handles, safety latches and taps etc) must be cleaned regularly with surface cleaner i.e. R2, Detergent water, Lizol. It is advised to use Sodium Hypochlorite 1% solution having at least 70% alcohol should be used to clean these touch points
- (xii). Common area cleaning checklist should be displayed at the reception and rooms cleaning checklist should be displayed inside the room on the back of the door.

10.9. Check-In Protocol for guests



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- (i). Guests must be requested to maintain a queue with 2 m (6 ft) distance between them. Standing space signs will be placed on the floor to maintain social distancing.
- (ii). Rooms should be kept ready as soon as possible to avoid any crowd at the reception and maintain minimum contact with the guest.
- (iii). Details of the guest (Travel history, medical condition etc.) along with ID and Self declaration form must be provided by the guest at the reception (for now)
- (iv). ArogyaSetu app survey will be recommended to all guests.
- (v). Interaction at reception with guests should be avoided as much as possible.
- (vi). Hand Sanitizers must be kept at the reception for guests to use. Guests to sanitize hands before & after filling relevant forms including A&D register.
- (vii). Proper records of any symptom such as cough/cold/fever should be maintained
- (viii). Self-reporting forms must be filled for International guests and A&D register must be thoroughly maintained.
- (ix). Guests should be briefed about the do's & don'ts while at the hotel.
- (x). Hotels may adopt contactless process as detailed below:
 - (a). QR code will be available at the properties, guest will scan the QR code using his/ her mobile.
 - (b). Guest will get an online form to fill in the details (required to be filled in A&D register, travel history etc.) & option to upload the required documents through phone only.
 - (c). Once submitted by the customer, documents & details will be available instantly to the front office manager on the system
 - (d). Guest authorization will be done by:
 - (e). Guest will click on "I accept" checkbox before submitting
 - (f). Guest to get OTP on registered mobile number as soon as manager marks check-in in the system & check in confirmation is done once OTP is verified



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[g] After Verification, guest will check in

10.10. Room allocation process and in-room provisions

- (i) In Case of Consumables replenishment, guests should inform the property manager/GRE.
- (ii) Reception no., PM's mobile no and other important contact details must be available in the room.

10.11. Room Service

- (i) Communication B/W guests and in-house Ops should be strictly through intercom or mobile phone.
- (ii) Any items required (Water bottle/ Toiletries/ Medicine/ Linen) should be given to guests while maintaining 1m distance & tray must be used to avoid hand contact.
- (iii) Staff should be trained again for troubleshooting normal issues like TV remote issues, geysers etc so that they can inform guests & solve accordingly on call.

10.12. Room & common area cleaning

- (i) Guest recommendations will be taken for cleaning. Daily cleaning with an option for the guest to opt out.
- (ii) Linen should be changed as per the request by the existing guest.
- (iii) In case deep or normal cleaning, housekeeping staff must wear masks before entering the room and during the cleaning process, guests should stay in the lobby near the room without touching anything.
- (iv) In Case of room cleaning after checkout, process outlined should be used.
- (v) Housekeeping Staff must wear masks or PPE (wherever applicable) while clean/ deep cleaning the room.
- (vi) Each guest bathrooms may be equipped with WC- brush set.
- (vii) Staff must sanitise their hands or wash their hands with soap before & after the cleaning process.

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Area/Item	Item/Equipment	Frequency	Method/procedure
General Cleaning	R2/Detergent & Warm Water, Disinfectant	Twice a day	<ul style="list-style-type: none"> Scrub floors with hot water & detergent using minimal water Clean with plain water Allow to dry & MOP with disinfectant
Lockers, Tables, Cupboard, Wardrobes	Damp Duster with disinfectant	Daily	<ul style="list-style-type: none"> Damp dust with regular disinfectants
Railings	Detergent/ Sanitizer-hot water, Disinfectant	Twice a day	<ul style="list-style-type: none"> Damp dust with warm water & detergent followed by disinfection
Mirrors & Glass	Warm water/Detergent water/Cleaning solution damp cloth wiper	Daily	<ul style="list-style-type: none"> Using warm water & a small quantity of detergent & using a damp cloth, wipe over the mirror, then using dry cloth buff the mirror & glass to a clean dry finish
Furniture & Fittings	Disinfectant, Duster	Daily	<ul style="list-style-type: none"> Using disinfectant damp dust furniture & fittings, including chairs, stools, beds, tables etc.
Light Switches/Over bed lights	Disinfectant, Duster	Daily	<ul style="list-style-type: none"> Light switches to be cleaned of dust, spots & finger marks, clean with a damp clothes



			<ul style="list-style-type: none"> Over bed lighting to be damp dusted, clean with damp cloth
Toilet Pot/Commode	R1/Soap powder, Long handle angular brush	Whenever required	<ul style="list-style-type: none"> Inside Of toilet pot/commode Scrub with the R1/soap powder & angular brush Clean with R1/soap powder & scrubber
Toilet Floor /Sink	R1/Soap powder, scrubbing brush	Whenever required	<ul style="list-style-type: none"> Scrub with soap powder & the scrubbing brush Wash with water
Taps & Fittings/ Shower area	Warm water, Detergent powder, Nylon scrubber	Whenever required	<ul style="list-style-type: none"> Wipe over taps & fittings with a damp cloth & detergent Care should be taken to clean the underside of taps & fittings

10.13. Food Service

- (i). Food must continue to be prepared inside the hotel kitchen wherever the hotel has a kitchen.
- (ii). In case the kitchen is not present on the property, the hotel operator/ owner should continue to get meal supplies from existing vendors.
- (iii). It is advised to use disposable cutlery at the hotel for all purposes and used disposable cutlery must be kept in garbage bags. In case of non-disposable cutlery, used plates and cutlery to be kept outside the room.

10.14. Checkout Protocol

- (i). Guests should inform at the reception an hour before the check out.



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- (ii). Guests should only check out once he is confirmed by the reception.
- (iii). Guests should be informed about the payment to be made in advance and the guests may be requested to make the payment via digital mode as much as possible.
- (iv). Management to call the police station if it is a statutory requirement.
- (v). Post check Out rooms to be cleaned and clean linen and towel to be provided.
- (vi). Linen must be changed after every checkout and for longer stays as per the request by the guest.

10.15. Linen count, allocation & cleaning SOP

- (i). Sufficient linen to be mandatorily available at the property
- (ii). Housekeeping staff should use masks and hand gloves while handling used linen and should be kept in a separate place.
- (iii). Laundry services must continue in an existing manner

10.16. Garbage Disposal

- (i). The garbage needs to be disposed as - dry, wet, glass, biodegradable.
- (ii). PPE's like gloves, masks etc. to be segregated or disposed separately.

10.17. Staff & Guest training

- (i). All the staff including the security guard should be properly briefed about the processes and a drill regarding the same must be put in place.
- (ii). Awareness and emergency posters must to be placed inside the rooms
- (iii). Hub trainers/Ground team / Training managers / officials as appropriate to train the hotel staff if needed.

10.18. Protocol for handling suspected & COVID positive guests

Ministry of Health and Family Welfare : SOP For handling Suspected & Covid positive cases

10.19. During Check-in (if guest is sneezing or coughing)



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- (i). Do not deny Check-in
- (ii). Maintain a safe distance of 6 feet from the guest.
- (iii). Encourage guests to sanitize their hands/ wash hands with soap.
- (iv). Offer medical assistance to the guest.
- (v). Keep a watch over the health condition of the guest (call him on the extension and check his well-being, offer medical assistance)
- (vi). Deep clean the reception areas with a disinfectant

10.20. If illness persists

- (i). Room should be locked and the entire floor, reception and all common areas to be deep cleaned and fumigated
- (ii). Linen and other items must be washed separately.
- (iii). Call the Corona helpline number
- (iv). In case suspected guests flee/ not traceable, inform the police immediately.
- (v). In case any guest has symptoms pertaining to Covid -19 virus like cough, cold, fever, breathing difficulty etc., following safeguard measures are required to be adopted:
 - a. Immediately provide surgical mask to the guest.
 - b. Check guest travel history to affected area or contact with affected person
 - c. Provide hand sanitizer, and advice the guest to stay in the room (surgical mask should be worn by the guest at all times)
 - d. Ensure the staff is always wearing masks while interacting with the guests
 - e. Ensure the person does not come in contact with others. Ask them to maintain a distance of at least 1m from other people
 - f. Maintain empathy with the guest / guests.
 - g. Ensure guest is sent back to their room.
 - h. Immediately inform the nearest medical facility (hospital/clinic) or call 23978046.
 - i. Ensure that the guest is taken to the nearest medical facility.

10.21. Protocol for Repair and Maintenance



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- (i). Rooms to be audited for Repair & Maintenance after checkout.
- (ii). Staff should get on a video call with the guest to better understand the issue or assist the guest. In case it is not possible because of any reason (guest does not have video phone or guest is not well enough) only then staff should go to room and check for the issue.
- (iii). Maintenance personnel to wear hand gloves and masks while doing the services inside the room. Guests are advised to stay outside the room.

10.22. Protocol to have additional information about the guests

In some cases, experience has shown that it becomes essential to trace the location of the guests even after their departure. Hence, the accommodation units are advised to devise a new information system/format and keep the same in an easily accessible form to enable concerned authorities to trace the guests, if required in future.

- (i). Date
- (ii). Name
- (iii). Age
- (iv). Sex
- (v). Mob number
- (vi). Email id
- (vii). Nationality
- (viii). Permanent address
- (ix). Coming from (with details of destination and route)
- (x). Going to (with details of destination and route)
- (xi). Arrival date and time
- (xii). Departure date and time
- (xiii). Room no./ Floor no.
- (xiv). Signature
- (xv). Purpose of the visit
- (xvi). Check out time
- (xvii). Valid ID proof
- (xviii). Logs of transaction
- (xix). Travel history
- (xx). Self-declaration form



11. Restaurants

To ensure that visitors feel safe while eating out, restaurants need to take several measures to make them feel comfortable and at ease post lockdown.

- Diners would be greeted by waiters wearing gloves and masks
- Two-meters table distance would be a norm in coming days
- Only families coming in a group will be sharing tables

- Restaurants carrying out sensitivity training across teams

Diners are set to be greeted by waiters wearing gloves and masks, sanitization bottles at the entrance and far fewer tables in restaurants. Only people from same family coming in group would be sharing the tables. Others would sit at a distance of about two metres which is going to be the norm post lockdown. Further, waiters would be directed to bring food but not serve at the tables.

All the tables are to be cleaned with sanitizers and chlorinated water. All crockery & cutlery is washed in dish-washers with effective soap solutions where water temperature is as high as 80 degrees. Random swab tests of surfaces and kitchen. The tests are not to test individuals for coronavirus but to check overall level of hygiene and cleanliness.

11.1. Protocols obligatory for a Restaurant/Eating Outlet

- (i). Provide safe, sanitized and clinically clean environment to the visitors and staff
- (ii). All machine touch points, operating panels, seats, covers, Toolbox etc. requiring human touch should be sanitized at an hourly frequency with effective sanitizers.
- (iii). Respiratory hygiene posters to be displayed at prominent places in the premises.
- (iv). To reduce the seating capacity minimum by a 2/3rd and change the seating style in order to maintain social distancing.
- (v). To acquaint itself with the latest guidelines issued by various Authorities for prevention and precaution.
- (vi). To maximize the use of technology to reduce human contact.
- (vii). Regular and increased health checkups of staff to monitor the following symptoms:
 - a. Fever / Temperature Check
 - b. Cough (Dry & Wet)
 - c. Shortness of breath / Breathing difficulties



11.2. Personal Protective Equipment (PPE) for use by staff:

- (i). Good quality disposable Hand Gloves (Fresh gloves to be used for every new guest)
- (ii). Three layered masks with synthetic outer layer/ N 95 masks.
- (iii). Long gowns, eye goggles or face shield.
- (iv). PPEs should be discarded in a plastic bag, sealed and labelled as infectious waste.

11.3. Social Distancing Norms

Minimize physical contacts between two persons. Minimum distance to be maintained is 1 meter. To do this, Restaurants to do the following.

- (i). Optimize employees in production area at any given point of time by creating physical barriers or use proper face shield if not able to reduce manpower
- (ii). Stagger work stations, food preparation area etc
- (iii). Review/Reduce/revise the speed of production lines considering social distancing.
- (iv). Review shift arrangements depend on the above.
- (v). Limit number of people who are not required e.g Drivers, helpers etc
- (vi). Use spacing measures like stickers, tapes, markers to maintain the distance at all the places.
- (vii). Prohibit sharing of lockers or uniform or any common item such as pens etc
- (viii). Food delivery personnel should leave the packet at 1 meter distance at customer's door. DO NOT handover the food packet directly to the customer.
- (ix). Takeaways to be encouraged, instead of Dine-in.
- (x). Face - To- Face meetings are restricted as much possible. Management to decide on who can do Work from home and who needs to be in factory.

11.4. Cleaning and Sanitation Norms for Restaurants

- (i). Following Food establishments shall be cleaned with appropriate cleaning solution such as soap and water (preferably hot water) followed by disinfection (using freshly prepared 1% hypochlorite solution or equivalent).
- (ii). food preparation/ production area, stores, packaging area, service area, waste disposal area, office space, transport vehicle, toilets and washrooms
- (iii). Clean Equipment, containers, utensils, cutlery, etc. thoroughly with cleaning solution and water. Use of hot water (above 60o C) is recommended. After cleaning, sanitation using Alcohol/Quaternary ammonium compound is recommended.



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High Touch Points	Method and Frequency
Elevator buttons, handrails / handles and call buttons, escalator handrails, public counters, intercom systems, equipment like telephone, printers/scanners, and other office machines, table tops, chair handles, pens, diary files, keyboards, mouse, mouse pad, tea/coffee dispensing machines, etc.	Cleaned twice daily by mopping with a linen/absorbable cloth soaked in 1% sodium hypochlorite
Metallic surfaces like door handles, security locks, handles of baskets/carts, display racks (where bleach is not suitable)	70 % alcohol
Hand sanitizing stations at the entry and near high contact surfaces.	Cleaned at least twice in a shift. Sanitized with 1% sodium hypochlorite
Toilets and Washrooms	After every shift using water and detergent, followed by 1% sodium hypochlorite.
Area of two meters around the person who has coughed	Vacated immediately, thoroughly cleaned and disinfected with freshly prepared 1 % hypochlorite solution
All cleaning equipment, cloth, mops, reusable protective gear such as boots, gloves	Cleaned thoroughly before use & after use. Sanitize where required.

Step 1	Preparation	<ul style="list-style-type: none"> Remove loose dirt and food particles. Rinse with warm, potable water.
Step 2	Cleaning	<ul style="list-style-type: none"> Wash with hot water (60 °C) and detergent. Rinse with clean potable water.
Step 3	Sanitising	<ul style="list-style-type: none"> Treat with very hot, clean, potable water (75 °C) for at least 2 minutes.
Step 4	Air Drying	<ul style="list-style-type: none"> Leave benches, counters and equipment to air dry.



		<ul style="list-style-type: none"> The most hygienic way to dry equipment is in a draining rack.
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11.5. Categories of Sanitizers

Type	Use	Frequency
Chlorine	Perishable products	Always (for food to be consumed raw)
	Food contact surfaces	After use
Quaternary Methyl Butyric Acid (QMBA)	Food contact surfaces	After use
70% alcohol based	Hand Sanitisation	As and when required
	Common touch points and food contact surface	Frequent or after each use
<p>Note: - Cleaning process should be followed by disinfection.</p> <ul style="list-style-type: none"> Use chemicals as per the direction provided by the manufacturers. There are more chemical based disinfectants available; this is just a suggestive list. 		

11.6. Food Transportation

- (i). Train the drivers, loaders and other staff about the COVID-19 infection symptoms and measures for prevention
- (ii). Clean & Sanitize Delivery/transport vehicles regularly. Use vehicle only for food deliveries /distribution.
- (iii). Anyone displaying flu like symptoms to avoid handling / transporting / delivering food.
- (iv). Drivers, loaders and other staff to maintain high standards of personal hygiene.
- (v). Hand washing material and Sanitizer bottle to be fixed in driver cabin.
- (vi). Face covers to be worn at all times.
- (vii). Avoid use of public toilets and crowded places during the breaks.
- (viii). If a vehicle enters an area marked as a COVID-19 hotspot, then the vehicle shall be thoroughly cleaned and disinfected before use.
- (ix). Maintain relevant records.

11.7. Food Packaging

- (i). The retention time on surface varies from 4 hrs to 5 days.
- (ii). Cleaning, Sanitizing, Disinfection measures are to be adopted to ensure that food packaging is kept clean and away from sources of contamination



[Handwritten signature in blue ink]

Corona Virus Average Retention Time	
On Copper	4 Hrs
On Aluminium	2-8 Hrs
On Cardboard	24 Hrs
On Stainless Steel	2-3 Days
On Plastics	2-3 Days
On Wood	4 Days
On Paper, Glass (upto)	5 Days
On Ceramics	5 Days
On Metal	5 Days

11.8. Protocols to limit the movements of Guests In Restaurant/Eating outlet

11.9. Guest Service Standards

Guests are encouraged to make prior reservations before going to the restaurant to avoid crowding. Guests to be seated in a designated waiting area with norms of social distancing in case of waiting.

- (i). Masks and gloves to be kept in spare for use of the guests at the reservation desk of the restaurant.
- (ii). Hand sanitizer (in bottles) to be placed at the entrance and other areas such as washrooms & to remind the guests before entering and while leaving to sanitize their hands.
- (iii). To reduce the seating capacity minimum by a 2/3rd and change the seating style in order to maintain social distancing.

11.10. Pre-Arrival

- (i). Complete details of number of persons to be taken in advance and seating to be accordingly arranged by maintaining the social distancing norms.
- (ii). Guest to request not to exceed in pre informed numbers and any sort of deviation in number of persons be informed well in advance.
- (iii). Guests to be requested to carry their own Face Mask, Hand Gloves and Instant Hand Wash etc.
- (iv). Guests also to be requested to have ArogyaSetu App Installed in their mobile phone.
- (v). Guests to be requested not to carry any item directly bought from outside like gifts etc.
- (vi). Guests to be requested to use safe and sanitized vehicles for travel.

11.11. Arrival



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COVID-19 Safety and Hygiene Guidelines for Tourism Sector

- (i). All guests are screened for any symptoms before entering the premises.
- (ii). Guest with body temperature of 98.6° F or more should be politely asked to return or directed to a designated hospital, which would be a precondition at the time of accepting booking.
- (iii). The AarogyaSetu App status of every guest is checked for allowing entry.
- (iv). No manual frisking of guests at the entry wherever possible. Frisking shall be through DFMD, HHMD, etc.
- (v). The gate to be opened by attendant
- (vi). Guests are directed to sanitize the hands before proceeding for seating area. To place hand sanitizers at the entrance and other areas such as washrooms.
- (vii). To remind the guests before entering and while leaving to sanitize their hands.
- (viii). Guests are provided with necessary PPEs like hand gloves and face masks (in case they are not carrying their own) to ensure safety of other guests and staff.
- (ix). Markings on the floor to be done to maintain Social Distance, wherever required.
- (x). Tables to families or a group to be allocated strategically to ensure non contamination to other guests/areas.
- (xi). For Restaurant dining entry inside restaurant to be limited to seating capacity available considering norms of social distancing. Extra guests to be seated in a designated waiting area with norms of social distancing.

11.12. Dining

- (i). The entire service of the guests is done by service staff donning PPEs.
- (ii). Only bottled water where outer side of the bottle is disinfected to be used for providing water to guests.
- (iii). Disposable menus to be used to reduce the chances of transference of virus. Instead of cloth napkins, use of good quality disposable paper napkins to be encouraged.
- (iv). Only cooked food to be included in the menu and to avoid inclusion of raw or cold food like salads etc.
- (v). Guest service areas shall be thoroughly cleaned and disinfected before and after every shift. The furniture and fixtures of the restaurant like tables, chairs, workstations, buffet tables, linen etc. to be thoroughly cleaned with disinfectants on daily basis.
- (vi). Buffet service to be avoided in near future. In case of buffet trained service staff to serve the food from buffet.
- (vii). Pre-plated dishes to be encouraged in the menu wherever possible. Silver Service may also be done provided service staff wears the PPEs.
- (viii). Only designated staff to serve the food on a particular table.

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COVID-19 Safety and Hygiene Guidelines for Tourism Sector

- (ix). Name badges of staff to be printed in larger fonts for identification from a farther distance.
- (x). The crockery, cutlery, hollowware and service ware etc. be washed with hot water and food grade/ approved disinfectants.
- (xi). The service equipment to be segregated and stored in sanitized cupboards.
- (xii). Use different types of warmers to keep the food and crockery on warm temperature.
- (xiii). The soiled dishes to be immediately taken to dishwashing area and not left on side boards. The leftover food be discarded in the designated bins with lids. The garbage should be disposed of on daily basis.
- (xiv). HACCP/ISO/FSSAI standards to be followed for cleanliness of F&B material and hygiene.
- (xv). E-payments to be encouraged to avoid touching the debit/credit cards of guests.
- (xvi). Cashiers to disinfect hands after every settlement thru cash or cards.

11.13. Bar Safety Measures

- (i). Bar counter and stools to be sanitized properly. Bar equipment like shakers, blenders, mixers and peg measurers to be cleaned.
- (ii). Ice container trolley to be washed and sanitized.
- (iii). All the bottles of spirits, wines and beers to be sanitized with food grade disinfectant.
- (iv). All the glassware to be cleaned with hot water and lemon.
- (v). To follow FSSAI guidelines by marking dates on recently opened beverages.

11.14. Kitchen/ Food Preparation Area:

- (i). Operational kitchens must be sanitized at regular intervals.
- (ii). Kitchens to plan social distancing (3 zones in kitchen: 1. Range Critical 2. Non-Range Critical 3. Pre-Preparation area).
- (iii). Work tables to be realigned in such a manner that staff do not face each other and also maintain social distance.
- (iv). Staff to wear PPEs like face masks, chef caps/net caps, face shield.
- (v). Using 100ppm chlorine for non veg and 50 ppm chlorine for veg items for sanitizing. In case of any other directive from authorities same to be followed.
- (vi). Strict adherence to HACCP/ISO/FSSAI norms and guidelines for sanitization and hygiene in receiving, storing, and cooking of food items.
- (vii). Limit the number of staff to the minimum required; staff can be organized into teams to reduce interactions between teams
- (viii). All staff should wear disposable masks, gloves, hair nets and all other safety gear

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COVID-19 Safety and Hygiene Guidelines for Tourism Sector

- (ix). Run limited menus and ramp-up in a phased manner
- (x). The menus may be tweaked to include more options of cooked food rather than raw food
- (xi). Ensure proper cleaning of vegetables, meats and all other materials that are required in the kitchens; use approved sanitizing agents to disinfect
- (xii). Ensure all tools get sanitized after each use
- (xiii). It would be useful to use an Autoclave machine for all cooking equipment, ladles etc.
- (xiv). Even with proper hand washing, food workers should use a barrier such as tongs, gloves or utensils to prevent direct hand contact with food. The virus is likely to be inactivated by proper cooking temperature, it is important to use gloves or other barriers to prevent touching food that will not be fully cooked.
- (xv). No ready-to-eat food items shall be left open and shall be kept covered.
- (xvi). Health Food to be given priority as it would gain more importance with a large part of audience to boost immunity, welcome drinks to be immunity boosters like Hot lemon water with raw honey etc.
- (xvii). Immunity boosting spices and herbs can be a promotional aspect.
- (xviii). When changing your normal food preparation procedures, service, delivery functions, or making staffing changes, apply procedures that ensure:
- (xix). Cooked foods reach the proper internal temperatures prior to service or cooling.
 - (a). Hot foods are cooled rapidly for later use - check temperatures of foods being cooled in refrigerators or by rapid cooling techniques such as ice baths and cooling wands.
 - (b). The time foods being stored, displayed, or delivered are held in the danger zone (between 41°F and 135°F) is minimized.
- (xx). Proper training for food employees with new or altered duties and that they apply the training according to established procedures.
- (xxi). Keep hot foods hot and cold foods cold by storing in appropriate transport vessels.
 - (a). Keep cold foods cold by keeping enough coolant materials, e.g., gel packs.
 - (b). Keep hot foods hot by ensuring insulated cases are properly functioning.
- (xxii). Keep foods separated to avoid cross contamination, e.g., keeping raw foods separated from cooked and ready-to-eat foods.
- (xxiii). Ensure that any wrapping and packaging used for food transport is done so that contamination of the food is prevented.

11.15. Back Areas For Staff

- (i). Do not compromise on Social Distancing.



A handwritten signature in blue ink, appearing to be 'S. K. DEY', written over the notary seal.

- (ii). Do not use face reading or thumb impression machine for attendance.
- (iii). Encourage the administration staff to work from home wherever possible to reduce assembling of people.
- (iv). Timings of staff canteen, lockers, changing rooms etc. to be strategically designed to reduce assembly of people.
- (v). Promote staff to use their own vehicle for transport rather than depending on public/hotel transport.

11.16. Employee Transport

- (i) Screen the staff for temperature and other symptoms before boarding the vehicle.
- (ii). To provide organization's transport in the event public transport is not available or is overcrowded violating the social distancing norms.
- (iii). Efforts must be made to reduce the presence of staff to minimum required, keeping in mind the number of covers.

11.17. Clock-in

- (i). Request all staff to remain at home under medical supervision in case they are sick and have any symptoms of flu.
- (ii). Alternate methods to be devised for staff to mark attendance at the hotel; could use QR code method
- (iii). Temperature check for all employee on clocking into the premises of the hotel
- (iv). Staff having a body temperature more than 98.6° F should be asked to return home

11.18. Employee Uniform

- (i). Uniform exchange daily should be the norm
- (ii). Uniforms will need to be sanitized properly; steam press or heat iron can be used
- (iii). Staff will be given PPE kits as part of the uniform across all departments
- (iv). Ensure that staff are maintaining Social Distancing during uniform exchange

11.19. Employee Dining

Staff meals should be planned in such a manner that social distancing norms could be maintained.

11.20. Employee Training



COVID-19 Safety and Hygiene Guidelines for Tourism Sector

- (i). Training Department should conduct sensitization classes for staff on upgraded hygiene standards; they can also have visiting faculty to update staff on standards.
- (ii). Employees must be well-informed about all COVID related operating SOPs



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12. B&B/Homestay Establishments

Various B&B and Homestay establishments shall follow the following guidelines.

12.1. Essential Amenities

An B&B/Homestay Establishment must have a Thermal Gun, Hand Sanitizers, Hand Gloves and Masks which should be available in the Reception Area itself.

12.2. Guidelines for Staff

Wearing Mask & Hand Gloves are mandatory while on duty inside the property. Temperature should be checked by Thermal Gun for all staff members & Guests on daily basis. Visitors to the B&B/Homestay Establishment should not be encouraged. Staff must use tray to avoid hand contact while serving water bottle/toiletries/medicines/food etc. maintaining 1 meter distance.

12.3. Check-In Process

Detail of the guest should also contain his/her Travel History & Medical Condition for which a separate Self-Declaration form should be provided. A file should also be maintained apart from the Guest Register to keep those Self-Declarations. 2 m distance markings at the reception area should be done for guests to stand during check in process.

12.4. Arogya Setu Application

Entire staff of an IIB&B/Homestay Establishment to have ArogyaSetu App for survey and same will be followed for guests during check in.

12.5. Cleaning of Guest Rooms

Cleaning of Guest Room is mandatory on daily basis. Linen must be changed after every Check-out and in the event of longer stay, it should be as per the request of the guest. All touch points must be cleaned with proper disinfectant (Sodium Hypochlorite). Staff must sanitize or wash hands with Soap after every cleaning process.

12.6. General Cleaning with proper disinfectant (Sodium Hypochlorite):

Mopping of floor twice a day is mandatory. After every Check-out, tables, cup-boards, wardrobes, lockers, light switches, Mirrors, electronic devices or any other item which a guest may touch during his/her stay, should be cleaned properly.



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COVID-19 Safety & Hygiene Guidelines for Tourism Sector

12.7. Food Service

Breakfast should be prepared in Kitchen where Guest should not be allowed at all. It is advisable to use disposable cutlery for all purposes which must be kept inside a garbage bag. In case of non-disposable cutlery, it should be kept outside the room.

12.8. Posters

Posters containing awareness about Covid-19, 6 ft distancing, respiratory hygiene and general cleanliness should be displayed at various strategic points inside the property. It should also contain the Do's & Don'ts for Guests, important phone numbers such as Police, Hospitals, Doctors on Call, Emergency Helpline etc.

12.9. Do's and Don'ts for the guest:

- (i) Clothes should not be washed inside the room.
- (ii) In case a balcony is shared with another room, please be on the side of your room. Do not interact with the other rooms guests.
- (iii) No visitors should be allowed in the rooms.
- (iv) Doors should be kept closed and any contact with the door knobs should be avoided by staff
- (v) Kitchen and washing area entry must be prohibited for guests
- (vi) Always keep a safe distance of at least 2m (6feet) while you are at the property.
- (vii) Wash your hands frequently with the soaps/sanitizers provided.
- (viii) Put all disposable plates/cups/bottles after use in the garbage bag.

12.10 During Check-in (if guest is sneezing or coughing)

- (i) Do not deny Check-in
- (ii) Maintain a safe distance of 6 feet from the guest.
- (iii) Encourage guests to sanitize their hand/wash hands with soap.
- (iv) Offer medical assistance to the guest.
- (v) Keep a watch over the health condition of the guest (call him on the extension and check his well-being, offer medical assistance)
- (vi) Deep clean the reception areas with a disinfectant.

12.11. If illness persists



COVID-19 Safety and Hygiene Guidelines for Tourism Sector

- (i). Room should be locked and the entire floor, reception and all common areas to be deep cleaned and fumigated
- (ii). Linen and other items must be washed separately.
- (iii). Call the Corona helpline number
- (iv). In case suspected guests flee/ not traceable, inform the police immediately.

12.12. Check-out Protocol

Guest should inform at reception using Intercom or personal mobile. an hour before the check-out. Digital mode of payment should be encouraged for which QR code must be displayed at a prominent place. In case of payment through Internet banking the bank details should also be displayed in the reception area.

12.13. Protocol to have additional information about the guests:

In some cases, experience has shown that it becomes essential to trace the location of the guests even after their departure Hence, the accommodation units are advised to devise a new information system/format and keep the same in an easily accessible form to enable concerned authorities to trace the guests, if required in future.

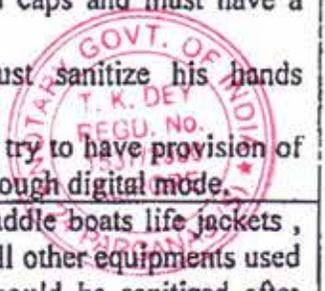


Additional SOP's for operation of Tourism Units
(In continuation of earlier SOP's issued vide letter dated 09-06-2020)

1.	Advisory for tourists entering the State	<ul style="list-style-type: none"> a) Tourists shall get themselves registered on covidpass.hp.gov.in at least 48 hrs. before visiting Himachal under tourist category. b) Every tourist must have been tested not more than 72 hours prior to entering the State of H.P. and carry COVID TEST CERTIFICATE (RT-PCR test based report) issued by ICMR authorized/certified lab with negative report. c) Must have downloaded Aarogya Setu App. d) Must go through thermal Screening at Tourism unit reception before check in. e) At the State entry point the Distt. Administration will check the medical report, registration on covidpass.hp.gov.in, Arogya Setu app and confirm booking for at least 5 days in a registered tourism unit of IIP and again at the <u>unit</u>, the Unit staff will also check the above documents.
2.	Precautions for way side amenities.	<ul style="list-style-type: none"> a) Every way side food outlets staff shall be given training regarding precautions/sanitization etc. by the owner. b) The staff must download Arogya Setu app. c) The signage highlighting Do's & Dont's shall be displayed at every food outlet. d) Packed food take away counter shall be mandatory. e) The take away counter shall have glass on the front to avoid contact with the tourist. (On the pattern of Railway booking Counters.) f) All the packed food shall be packed in bio degradable disposable packets. g) The toilets at the outlets shall be regularly sanitized. h) Hand sanitizer shall be available at the entrance and on the counter. i) The staff must use mask & disposable gloves and must follow all other guidelines issued by Ministry of Health and Family Welfare. j) Provision of digital payments be encouraged. k) Public toilets on the way shall be disinfected regularly. l) The Designated Way side amenities centre/areas shall be approved by the District Administration/Tourism Department. m) Tourists while travelling on the highways be allowed to halt only at designated way side amenities and refreshment centre/Areas.

		<ul style="list-style-type: none"> n) Spitting and littering is strictly prohibited. o) The tourists shall put garbage in dustbins.
3.	Precautions required to be taken for taxi service.	<ul style="list-style-type: none"> a) Taxi must not carry more than authorised capacity as per registration certificate. b) The Taxi driver must wear face mask, disposable gloves, and cap. c) It shall be mandatory to keep Garbage disposal bags, Sanitizer in the cab. d) Must follow all other guidelines issued by the Transport Department & Ministry of Health And Family Welfare. e) The taxi Driver must have downloaded Aarogya Setu app. f) The cab shall be sanitized regularly and after every time the cab is used by tourists. g) For all the payments of cabs, digital mode of payment shall be encouraged.
4.	Precautions required for sightseeing places and Measures to reduce density of tourists on one particular sightseeing place.	<ul style="list-style-type: none"> a) The booking of activities at amusement & adventure parks, water sports activities and other tourist activities available at particular sightseeing may be made available online. b) The entry tickets for museums, parks, Historic monuments, Bird Sanctuary, Zoo may also be made available on line according to the capacity. c) Need to publicize sightseeing places in and around each destination to enable the tourist to choose the sightseeing place of his interest. d) Spitting and littering shall not be allowed & it shall be mandatory to put signage at every sightseeing place highlighting "spitting is not allowed". e) The staff of amusement & adventure parks, water sport activates unit and Restaurants/fast foods/other Eateries available at the sight seeing places shall be given training regarding precautions/sanitization.
5.	Measures required to be taken by photographers.	<ul style="list-style-type: none"> a) Photography shall not be allowed with costume changing. b) The Photographer must use face mask, disposable gloves, and caps and must have a sanitizer. c) The Photographer must sanitize his hands regularly. d) The photographer may try to have provision of accepting payments through digital mode.
6.	SOPs for Water Sports Activities	<ul style="list-style-type: none"> a) Raft, boats, jet ski, paddle boats life jackets, helmets, paddle, and all other equipments used for water activities should be sanitized after every use.

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		<ul style="list-style-type: none"> b) All the staff must have downloaded Aarogya Setu app. c) There should be a provision of hand sanitizer for the use of tourists. d) The staff of water sports and adventure sports should be given training regarding precautions/sanitization. e) Boats/Rafts are allowed only with 60 % of approved capacity. f) For paddle boats only two persons instead of four and one boat guide will be allowed. g) The boat guide must use mask, disposable gloves, and caps. h) All the tourists must go through thermal Screening. Tourist must wear gloves, face mask before boarding the boat/raft etc. and at all times. i) The adventure activity operator must have the arrangement for sanitizing the hands. j) The staff of water sport activates and Restaurants/fast foods/other Eateries available at the water sports units should be given training regarding precautions/sanitization. k) The social distance norms should be maintained at the water spots units and sites.
7.	Adventure parks	<ul style="list-style-type: none"> a) All the rides should be sanitized every day and after every use. b) All the rides should carry 60 % of the total capacity of the ride. c) Guides must wear gloves and masks d) Sanitizers should be available near every ride. e) Before entrance every tourist should go through thermal screening f) While standing in queue social distancing should be maintained. g) Sanitizer should be available at the booking counter. h) Tourist must wear gloves, mask before boarding the ride. i) The staff of adventure parks/ unit and Restaurants/fast foods/other Eateries available at the adventure park should be given training regarding precautions/sanitization. j) Social distance norms should be maintained at the adventure parks and sites. k) All the staff must have downloaded Aarogya Setu app.

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8.	Paragliding.	<ul style="list-style-type: none">a) Equipment should be sanitized after every use.b) Hand sanitizer should be availablec) The staff involved in paragliding should be given training regarding precautionsd) The social distance norms should be maintained at the paragliding sites.e) All the staff must have downloaded Aarogya Setu app.
9.	Banqueting	<ul style="list-style-type: none">a) A total of maximum fifty guests will be allowed in a family/social function.b) All guests shall use face masks at all times except during eating/drinking.c) All social distancing norms shall be followed as mandated by MOHFW.d) The kitchen/service shall follow earlier issued SOP's pertinent to Hotels/Restaurants.

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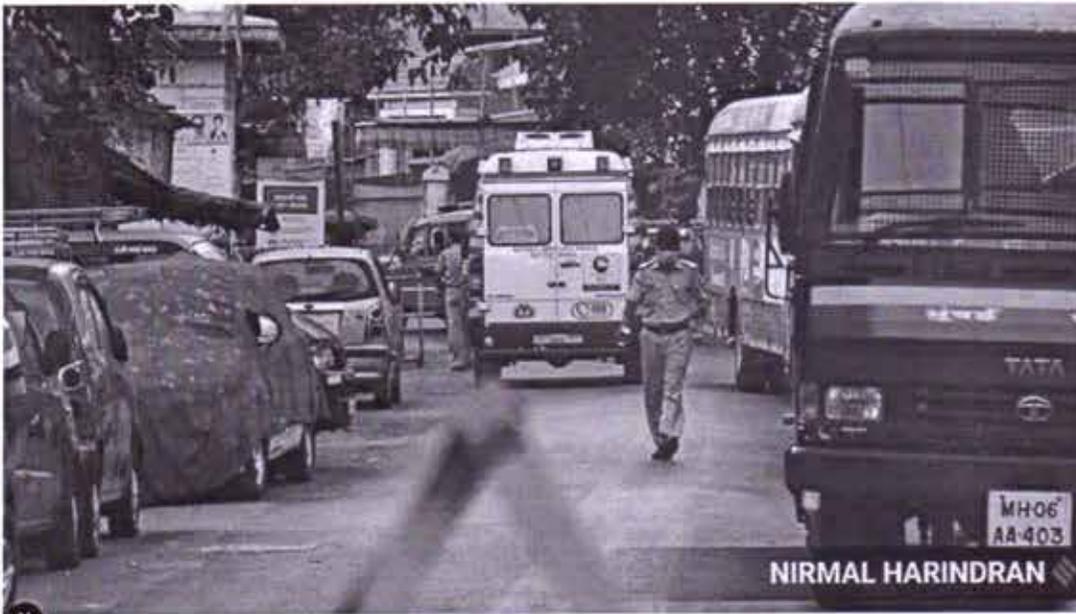
Home / Cities / Pune / Experts: Lockdown unfortunate, will not stop infections

Experts: Lockdown unfortunate, will not stop infections

With the number of cases expected to touch 35,000 and Pune to soon register 1,000 deaths, experts advised that social distancing is the best way to prevent infections, especially when the city's health care system is being overwhelmed.



Written by **Anuradha Mascarenhas** | Pune | Updated: July 11, 2020 1:11:30 pm



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Some health experts, however, pointed out that there has been a backlog of testing samples and contact tracing, which, according to standards, should be in the ratio 1:20. (Representational)

While for most hospitals, a **second lockdown** may temporarily offer respite and help bring down Covid-19 infections, several experts have termed the decision as 'unfortunate'. Prof L S Shashidhara, professor at IISER, Pune, who recently moved to Ashoka University, said the lockdown is unfortunate and is not going to stop the infection.

"This will just give some breathing time for augmenting Covid care centres to provide better care and in making contact tracing more effective. Self-distancing, wearing masks and self-isolation, if a person is found symptomatic, is crucial. Those who have symptoms and do not report will continue to spread the infection. If these people come early and isolate themselves it will help reduce the spread of the infection and save lives," Prof Shashidhara said. He urged people to cooperate, as lockdowns are not a solution to deal with this crisis. "It has its own impact on the livelihood of poor people, which will only aggravate the problem," he said.

The main aim of any lockdown is to reduce the rate of infection. According to health experts, the RO (basic reproduction number or R naught-number of people who can contract a disease from one infected person) is very high in Pune. With the number of cases expected to touch 35,000 and Pune to soon register 1,000 deaths, experts advised that social distancing is the best way to prevent infections, especially when the city's health care system is being overwhelmed. Some health experts, however, pointed out that there has been a backlog of testing samples and contact tracing, which, according to standards, should be in the ratio 1:20. In Pune, it is somewhere in the range of 1:6.

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Dr Shashank Joshi, an expert on the state Covid-19 task force, strongly felt the lockdown was never seriously followed in Pune. "Almost all wards show a spurt in cases, even in green zones where there were no cases. Among some problems is that of inadequate contact tracing due to stigmatisation," he said. People have to come forward, get tested and remain in isolation. That is the only way to stop the spread and break the chain of transmission, he added.

Dr Dhananjay Kelkar, medical director at Deenanath Mangeshkar Hospital, however, felt that a temporary lockdown may slow down the spread of the transmission. "We are facing multiple challenges, as during monsoon, patients will start getting worried about whether they are infected with seasonal flu or the virus," he said.




Traders oppose lockdown

At the Federation of Trade Association of Pune, secretary Mahendra Pitaliya said the trading community has strongly opposed this lockdown. "We faced a stressful situation during the previous lockdown and have strongly urged the Chief Minister and Deputy Chief Minister to reconsider the situation," Pitaliya said.

Kiran Moghe, president of Pune Zilha Gharkamgar Sanghatana said a second lockdown may have been necessitated by the huge surge in Covid-19 cases, but it means more hardship for the working poor. "There should be simultaneous provision for food and other essentials like ration kits and cash transfers. Without livelihood, people will die of starvation," Moghe said.

'Won't ensure Covid-free Pune'

"We know the virus is here to stay and this lockdown is not going to ensure a coronavirus free Pune," District Collector Naval Kishore Ram told The Indian Express.

"We do not want to cause any hardship to citizens, and, in fact, our workload has doubled," he said, adding that they were not in favour of a lockdown. "There has been an upsurge of cases and we want to ensure contact tracing, isolation and treatment. This will break the chain of transmission," the collector said.

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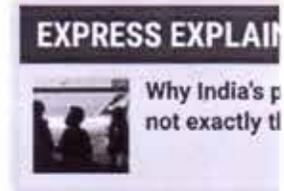


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Home / Cities / Bangalore / Lockdown not a solution to contain Covid-19, won't be extended in Bengaluru: CM Yediyurappa

Lockdown not a solution to contain Covid-19, won't be extended in Bengaluru: CM Yediyurappa

In a meeting with MPs, ministers and top government officials in Bengaluru, the CM said, "Lockdown is not a solution to Covid-19 woes. We will not be extending the lockdown further."



Written by **Ralph Alex Arakal** | Bengaluru | Updated: July 17, 2020 6:52:47 pm



Yediyurappa had said the same earlier this week after a meeting with the Karnataka Covid-19 task force as well.

Karnataka Chief Minister B S Yediyurappa Friday reiterated that the lockdown announced in different parts of the state including capital city Bengaluru will not be extended further.

In a meeting with MPs, ministers and top government officials in Bengaluru, the CM said, "Lockdown is not a solution to Covid-19 woes. We will not be extending the lockdown further."

Yediyurappa had said the same earlier this week after a meeting with the Karnataka Covid-19 task force as well.

The Karnataka government had decided to enforce a full lockdown in the Bengaluru urban and rural districts from July 14 evening to July 22 in the wake of mounting Covid-19 cases over the last week. Several other parts of the state including Dakshina Kannada, Dharwad, and Kalaburagi are also in lockdown currently.

The state recorded its highest single-day spike in the number of fresh cases (4,169) and fatalities (104) linked to the pandemic on Thursday.

Meanwhile, Yediyurappa has also directed the in-charge ministers for each of the eight zones of Bengaluru to remove all obstacles related to admission of the infected to hospitals.

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Trending Queen Elizabeth Knights 100-year-old fundraising Captain Tom Moore, who raised millions for NHS

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"Treatment should be ensured to patients diagnosed with Covid-19 and others too across private hospitals, in par with the government guidelines. Hospital beds in designated Covid hospitals should be made available to those in dire need of treatment. Asymptomatic and mildly symptomatic Covid-19 patients should instead be in-home quarantine or moved to Covid Care Centres," he advised the ministers, directing them to ensure the protocol is followed.

Also read | Karnataka govt orders hospitals to display bed allocation details at registration counters

The government has also decided to give priority to symptomatic Covid-19 patients aged above 65 years for admissions to Covid care centres.

In addition to this, the CM also directed top government officers to take measures to decentralize the bed allocation system to a zonal level.

"This should be closely monitored. Bed allocation and the arrival of an ambulance to the doorstep of the infected within two hours of being tested positive should also be ensured," Yediyurappa added.

Discussing various grievances raised by the public on the lack of sufficient number of doctors in hospitals to manage the pandemic, Yediyurappa said doctor vacancies are being filled in.

"Further, volunteers have been identified in each ward and ambulances have also been notified. If private hospitals refuse admission, stringent action should be taken," the CM said during the review meeting while revising the Covid-19 management strategy for the state.

During the meeting, it was also decided to deploy nodal officers and volunteers in private hospitals to ensure smooth coordination and to provide information about admissions and bed availability.

BBMP issues separate protocol for burial of Covid-19 positive, suspected patients

In a bid to facilitate the early release of dead bodies for cremation or burial, Bengaluru's local civic body the Bruhat Bengaluru Mahanagara Palike (BBMP) Friday issued a separate protocol for suspected and confirmed Covid-19 deaths.

According to the order issued by BBMP Commissioner B H Anil Kumar, all crematoriums, burial grounds in Bengaluru city should accept dead bodies irrespective of the zone in which the patient resided.

Also Read | Covid-19 claims life of third BBMP pourakarmika within a week, kin alleges delayed treatment

Further, the BBMP also directed crematoriums and burial grounds in the city to function from 9 am to 8 pm every day until further notice.

As on Thursday, Bengaluru has reported 507 Covid-19 fatalities out of the total 1,032 in Karnataka.

Bengaluru: 5598 containment zones in city, 21 wards record over 20 cases each

At least 21 wards in Bengaluru recorded over 20 cases each on Thursday, BBMP statistics revealed.

According to BBMP's Covid-19 War Room data, Shantala Nagar topped the list with 139 cases, followed by Hemmigeपुरa (33), Basavanagudi (32), and Agrahara Dasarahalli (26), among others.

Meanwhile, the number of active containment zones in the city comprising 198 wards rose to 5598.

The health department also attributed 70 more deaths that took place over the last few days to Bengaluru's death toll on Thursday.

With this, 507 deaths have been reported cumulatively from the city.



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42,115 views | Jun 15, 2020, 01:14pm EDT

BETA

30 Europe Countries Open For Travel-All You Need To Know



Tamara Thiessen Contributor

Travel

I cover travel, culture, design and hotels worldwide.



Let the EU holidays begin. From June 15 and increasingly throughout the month, most EU and Schengen ... [+] GETTY IMAGES

Europe travel is increasingly possible for Europeans, and non-Europeans, as 30 countries reopen for holidays for the first time in three months.

Firstly in June comes the lifting of land border checks between European countries. Then in July, a gradual lifting of the EU travel ban.

Border controls dividing European neighbors started to tumble over the past month. Today a whole lot more did too. Italy has called June 15 a "D-



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Attended to the copy

- EU Schengen states
- Non-Schengen EU states
- Non-EU Schengen states

- AT Austria
- BE Belgium
- BG Bulgaria
- CH Switzerland
- CY Cyprus
- CZ Czech Republic
- DE Germany
- DK Denmark
- EE Estonia
- EL Greece
- ES Spain
- FI Finland
- FR France
- HR Croatia
- HU Hungary
- IE Ireland
- IS Iceland
- IT Italy
- LI Liechtenstein
- LT Lithuania
- LU Luxembourg
- LV Latvia
- MT Malta
- NL Netherlands
- NO Norway
- PL Poland
- PT Portugal
- RO Romania
- SE Sweden
- SI Slovenia
- SK Slovakia



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Let the travels begin. Many of the 30 EU+ countries are progressively opening their borders to ...

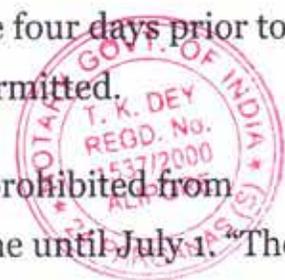
[+] EUROPEAN UNION

Austria

Austria ends quarantine requirements for 31 European countries on June 16. At the same time as reopening the land border with Italy. For all other countries, Austrian tourism says, “cross-border travel is still strongly discouraged or impossible.”

Quarantine Those arriving from Portugal, Sweden, Spain or the U.K. must still submit a negative Covid-19 test taken in the four days prior to entry, or face quarantine for a fortnight. Transit is permitted.

Non-European Travelers: Foreign nationals are prohibited from flying into the country from outside the Schengen zone until July 1. “The



Austrian government is currently in talks with additional countries concerning a border reopening," Austria Info says.

BETA



A German federal police officer at a checkpoint at the border crossing with Austria in southern ...

[+] AFP VIA GETTY IMAGES

Belgium

From June 15, the borders reopen to all EU+ arrivals as well as Brits. From July 1, international holidaymakers will increasingly be welcome.

Quarantine: A 2-week quarantine applies to overseas arrivals from outside the EU/Schengen.

Non European Travelers: "The conditions for travel from outside of Europe have yet to be defined in light of the evolution of discussions at European level", the government said on June 3. Other countries may be increasingly welcome from July 1.

Bulgaria





Bulgaria is getting ready for summer tourism after the country lifted its travel ban on EU and ...

[+] NURPHOTO VIA GETTY IMAGES

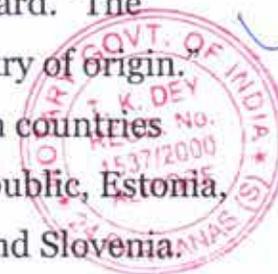
Bulgaria has lifted its travel ban on citizens of the EU, non EU Schengen members, the U.K., San Marino, Andorra, Monaco, Serbia and North Macedonia. There are exemptions for various people including medical workers and family members of Bulgarian citizens.

Quarantine: Mandatory 14-day quarantine for travelers from most EU countries ended June 1. Except for those with the biggest Covid-19 outbreaks: Sweden, Belgium, Portugal, Spain, Malta and the U.K.

Non European Travelers: A ban on the entry of visitors from outside the EU remains in place, but should fade in July as Europe's external borders reopen.

Croatia

"Croatia is open to tourism," says the national tourism board. "The requirements may slightly differ depending on your country of origin." From May 16, Croatia reopened to citizens of 10 European countries without any restrictions. These are Austria, the Czech Republic, Estonia, Germany, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.



The borders are also open to visitors from other EU and Schengen countries, and the U.K., with proof of pre-booked accommodation. All those outside the 10 unrestricted countries must fill out the Enter Croatia form to show border officials. The government form includes your address in the country and formal confirmation of tourist accommodation. 92,000 tourists are already vacationing in Croatia—two thirds of them foreign nationals.

Quarantine: No mandatory quarantine or negative tests required.

Non European Travelers: There are some exceptions given to travelers from other countries who own a house in Croatia, or on business trips. See details here. More travelers will be welcome from July 1.

Cyprus



A health worker at Cyprus' Larnaca International Airport monitors the results of an infrared camera ... [+] AFP VIA GETTY IMAGES

“Cyprus is now ready to welcome travelers from various countries,” says Visit Cyprus. The two phased comeback started June 9, with arrivals sorted into two groups. Category A countries include 19 EU and Schengen members, who can travel unrestricted. Category B countries—Israel, Poland and Romania—must show a negative Covid test from the previous

Let the European holidays begin ... for some. German tourists are allowed to enter Denmark again ... [+] DPA/PICTURE ALLIANCE VIA GETTY IMAGES

BETA

From June 15, holidays are possible for tourists from Germany, Iceland and Norway. Travelers should be prepared to show proof of at least 6 nights accommodation, outside of the capital Copenhagen. (Which is excluded from the easing up).

Permanent residents of Nordic neighbors (including Finland and Sweden too), and of Germany, are also allowed in for business, family or personal relationship reasons. But for most other Europeans, Denmark remains closed.

“Borders may reopen earlier for Sweden and Finland,” says Visit Denmark. “Business travellers should refer to regulations on the Danish Police website as they are allowed entry on some conditions.”

Quarantine: None

Non European Travelers: No.

Estonia

From June 1, the Estonian borders flung open to European arrivals, on strict conditions. EU, Schengen and U.K. arrivals are permitted as long as the traveler is showing no Covid symptoms. And they are coming from a country where the infection rate is no more than 15 people per 100,000 inhabitants over the previous fortnight.

Quarantine: Only if you fall into a country with above the required infection rate.

Non European Travelers: No.

Finland

From June 15, internal border controls are to be abolished. This will permit travel by land between Norway, and air travel or ferry services to Norway, Denmark, Iceland, Estonia, Latvia and Lithuania. For now other



Day for European tourism” as a raft of land borders reopen across the continent.

BETA

Europe-Wide Travel Possible For Europeans

The removal of border controls in the usual passport-free Schengen zone is happening in a patchwork manner. Yet leisure travel between many countries became increasingly possible today. A host of countries are lifting all or most controls on fellow EU and Schengen countries. This means holidays can begin for both citizens and permanent residents.

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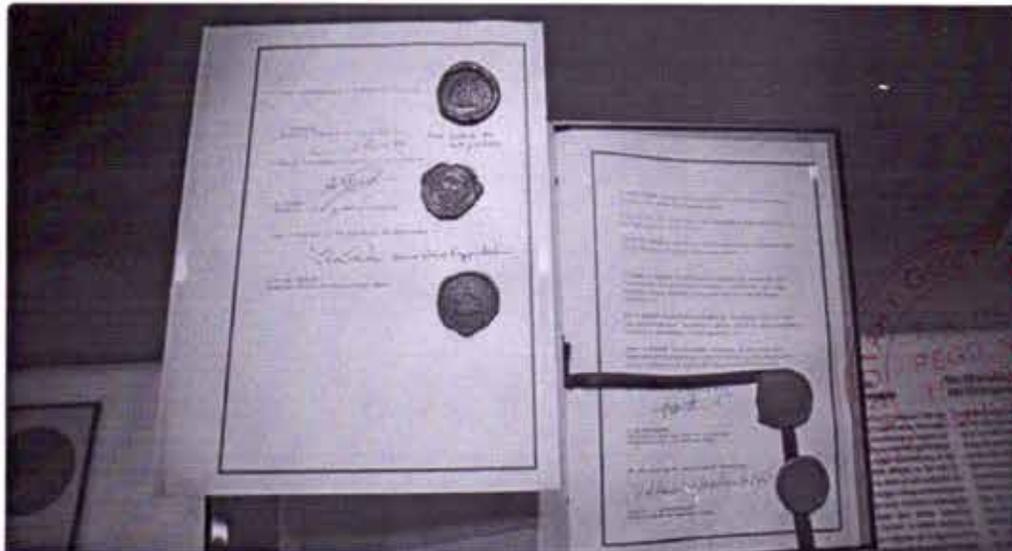
The EU wants full freedom of movement for its some 445 million citizens to return by late June. As President of the EU Commission, Ursula von der Leyen, rejoiced in a tweet.



Ursula von der Leyen

@vonderleyen

Since the signing of #Schengen Treaty 35 years ago today, citizens have learned to enjoy the value of freedom of movement in the EU. I am happy that after the restrictions imposed by the #coronavirus pandemic, borders are now reopening across the Schengen area and the EU.



3,824 11:28 PM - Jun 14, 2020

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Europe Holidays For Others Begins July As EU Travel Ban Eases

From July 1, holidays to Europe will be possible for many third country nationals too. This after the EU announced a “partial” end to the travel ban from July 1. High-risk countries such as the U.S. may be banned entry from many countries until a later date.

Here’s a snapshot of the current situation Europe-wide, in the 30 countries where the Europe travel ban has applied since March. The EU+ countries as Brussels calls them, include all EU members (bar Ireland) shown here in olive green. Plus Norway, Iceland, Switzerland and Liechtenstein in pale green.

EU APP: The EU has produced a map app “Re-Open EU” which is incredibly handy for travelers wanting to navigate their way around the reopened Europe, and know precisely who’s welcome where.



restrictions on leisure travelers from Schengen countries including Sweden remain until July 14. The government says it wants the travel ban on Sweden to be lifted as soon as the health situation allows.

BETA

Quarantine 14 days “recommended” for arrivals from countries including Sweden, Germany and Russia. That is for those with essential reasons to travel.

Non European Travelers: Not yet.

France



French State Secretary Jean-Baptiste Lemoyne talks to cyclists during the symbolic reopening of the ... [+] BELGA/AFP VIA GETTY IMAGES

All Europeans are welcome from June 15, as French cafés and restaurants reopen fully—not just the outdoor terraces.

Quarantine: In a kind of tit-for-tat, voluntary quarantine is being applied to travelers (of any nationality) arriving by plane from the U.K. and Spain.

Non European Travelers: Not yet, from July 1 highly probable starting with low-risk countries.



Germany

Germany as of June 15 reopens to all EU/Schengen countries, and the U.K. Warnings for its citizens are still in place for travel to Spain, Finland, Norway and Sweden.

Quarantine: None.

Non European Travelers: Not until the EU travel ban lifts from July 1 says the German Federal Foreign Office.

Greece

Greece is a frontrunner in reopening to tourists from all nations. That's happening in two phases: On June 15 and July 1. Travelers from high-risk countries including the U.S. now face quarantine measures beyond July 1.

- Today flights to the two main airports—Athens and Thessaloniki—have begun between **low-risk countries in Europe** and beyond says Visit Greece. These are: Albania, Australia, Austria, Northern Macedonia, Bulgaria, Germany, Denmark, Switzerland, Estonia, Japan, Israel, China, Croatia, Cyprus, Latvia, Lebanon, Lithuania, Malta, Montenegro, Romania, New Zealand, Norway, Serbia, Slovakia, Slovenia, Czech Republic and Finland. See details here. Land borders also reopened June 15.
- On July 1, international travel will take off pretty much in full, as tourism starts on the islands, and all Greek airports operating.
- Cruise ships are still banned. Private vessels can dock at Greece ports.

Quarantine: Some arrivals including those coming from the U.S. or France currently face quarantine. Those measures will end July 1 along with blanket Covid-19 testing, except for high-risk countries. This means Americans, Brazilians and others are likely to face mandatory quarantine beyond July 1, in line with the EU's wish to start up international tourism with low-risk countries first.

three days. From June 20, that will no longer be necessary. European countries notably omitted from both lists include Belgium, the U.K., Italy, Sweden, Spain, the Netherlands and Portugal. Travelers are urged to fill in a Cyprus Flight Pass prior to boarding.

Quarantine: None. For category B countries, if you can't show a negative test, you can take one on arrival and self-isolate while awaiting the results.

Non European Travelers: Only Israel for now, but both lists are to be expanded.

Czech Republic

 **Visit Czech Republic**
@VisitCZ

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Starting in Cheb, you can cross the beautiful Ore Mountains along the Czech-German borderland, all the way to Děčín. With over 240km, this route definitely belongs on your bucket list!
czechtrails.com/routes/1350-or...



21 5:39 PM - Jun 12, 2020

See Visit Czech Republic's other Tweets



From June 15, the country is introducing a traffic light system. Color-coding European arrivals into green, orange and red: low, medium and high risk. 19 European states fall into the green category, and are the only ones free to travel there.

Quarantine: Swedes and Portuguese—red countries—are banned, while Czech citizens returning from trips need to take a Covid test or self quarantine. Brits and Belgians lie in an orange zone: Also blocked from travel. Czechs and residents returning are exempt from quarantine and tests.

Border reopening with neighbours has been unfurling since May 27, starting with the Slovakia and Hungary frontiers, then Austria and German. Since May 11, EU citizens arriving on business trips of up to three days can enter, as can university students and seasonal workers. Those exemptions still apply.

Non European Travelers: Not possible yet. The traffic light map will be continuously updated over coming weeks.

Denmark



For others from July 1, there will be spot tests only. Travelers arriving now, who can skip quarantine, may face sampling tests “for epidemiological monitoring” too.

BETA

Non European Travelers: Increasingly possible from July 1 when quarantine ends for all nationalities and flights resume in full.

Hungary

All travel restrictions have been lifted for citizens of seven countries: Austria, Croatia, the Czech Republic, Germany, Serbia, Slovenia and Slovakia.

Quarantine: All other European citizens face quarantine. This includes Hungarians and permanent residents returning from those countries.

Non European Travelers: Not yet, bar a few exceptions. Business travelers from Japan and South Korea can enter without restrictions.

Iceland

Iceland never closed its borders to the EU and Schengen states but imposed a 14-day quarantine.

Quarantine: From June 15, it’s offering travelers a coronavirus test, in order to avoid quarantine. Free at the outset, from July 1 travelers will foot the bill (ISK 15, 000; \$112). Travelers do not have to self-isolate while awaiting test results “but should take preventive measures to protect themselves and others from infection,” the government says. Results will be available within 24 hours, via an app (Rakning C-19), or through text message. See more details on the government website.

Non European Travelers: Not yet.

Italy





Slovenian mayor of Nova Gorica Klemen Miklavic on the left and Italian mayor of Gorizia Rodolfo ...

[+] AFP VIA GETTY IMAGES

The land of la Dolce Vita has been welcoming back Europeans and Brits since June 3.

Quarantine: Travelers arriving from all EU+ nations, as well as the U.K., Andorra, Monaco and San Marino, no longer have to self-isolate for 14 days says the U.S. Embassy in Rome.

Non EU Travelers: Travel bans on other nations remain in place until July 1, when the EU border restrictions ease. Until then, even third country nationals who are traveling for essential travel reasons, must still self-isolate for 14 days.

Latvia

Latvia has lifted entry restrictions on the EU+ countries though with strict conditions.

Quarantine: European travelers dodge 14-days quarantine if they arrive from a country where new confirmed cases, in the previous fortnight, are at 15 per 100,000 people says Latvia Tourism. This rules out travel from Sweden, Portugal and the U.K. for the time being.



Yet according to the European Centre for Disease Prevention and Control some 28 countries have a current 14-day incidence rate below 20 cases per 100,000. Check the ECDC charts to be sure your country falls within those. A waiver applies to anyone who has spent the previous fortnight in Lithuania or Estonia.

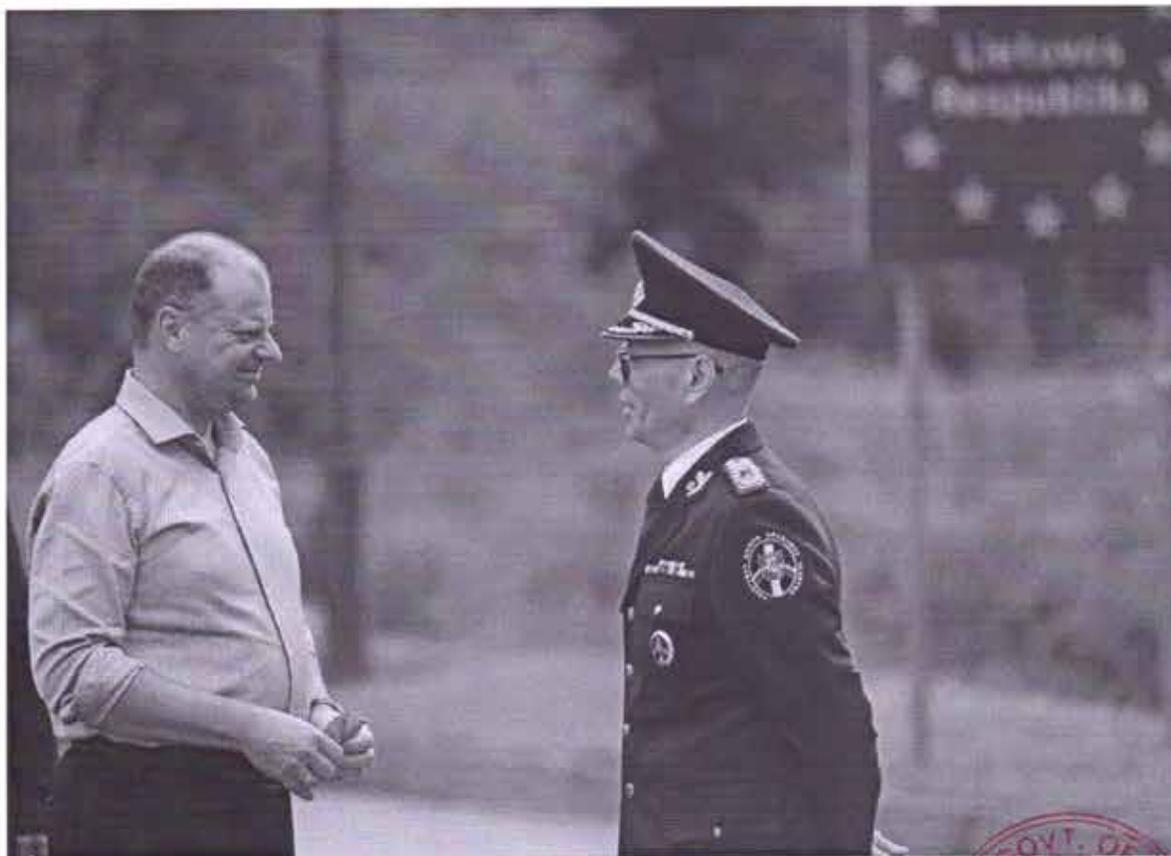
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Non European Travelers: No entry yet.

Liechtenstein

As for Switzerland. For as the British Foreign Office notes: “Switzerland handles immigration and customs matters for Liechtenstein. Entry requirements are the same as for Switzerland.”

Lithuania



Lithuanian Prime Minister Saulius Skvernelis greets an officer on June 12, as the border crossing
 [+] AFP VIA GETTY IMAGES

Lithuania tourism says the government on June 15, “approved that travellers coming from 27 European countries will not be subject to 14 days of self-isolation upon arrival.” The current “safe list” of countries it says includes Ireland, France, Spain, the Netherlands, Poland, Romania,



[Handwritten signature]

Denmark, Italy, Luxembourg, Finland, Germany, the Czech Republic, Estonia, Malta, Austria, Norway, Bulgaria, Latvia, Cyprus, Hungary, Switzerland, Iceland, Greece, Slovakia, Slovenia, Croatia and Liechtenstein. Arrivals from Sweden, the U.K. and Portugal are still banned the government says. Masks are no longer required in public spaces.

BETA

Quarantine: Arrivals from countries where the coronavirus-incidence rate exceeds 15 cases per 100,000 people in the last 14 days must self-isolate for a fortnight. That includes Belgium.

Non European Travelers: Not possible yet.

Luxembourg

The country never closed borders with neighbors, and is fully open to EU+ travel.

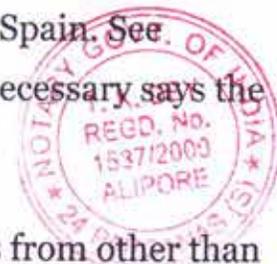
Quarantine: None

Non European Travelers: From July 1, details to emerge as EU makes further announcements on the timetable. Safe countries are expected to get the go ahead first.

Malta

Malta's Tourism Ministry says it will reopen to tourists on July 1. Starting with Europeans. This as passenger flights resume. Those who get the green light first include travelers from Austria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France (bar Greater Paris arrivals), Germany, Hungary, Iceland, Ireland, most of Italy, Latvia, Lithuania, Luxembourg, Norway, most of Poland, Slovakia, most of Spain. See details here. The list will be monitored and expanded if necessary says the government.

Quarantine: Only for those traveling for urgent reasons from other than the permitted countries.



Non European Travelers: Increasingly possible from July 1. The government says “Restrictions on all other flight destinations will be lifted on July 15.”

Netherlands



Passengers queue at a check-in desk at Schiphol airport in Amsterdam on June 15, 2020 as the EU ... [+] ANP/AFP VIA GETTY IMAGES

“Foreign tourists from countries where the health risks are similar to or lower than in the Netherlands are welcome to spend their holidays in the Netherlands this summer,” says Visit Holland.

- Tourists from similar-risk countries in Europe can enter from June 15, providing they respect the country’s social-distancing (1.5 metres) and other health rules.
- Vacationers must also book accommodation ahead of a trip. “Without a valid reservation you can be refused entry at the border,” the tourism body warns.
- For now Brits and Swedes are still banned entry due to their Covid infection levels. Dutch people are also prohibited from visiting those two European nations until the situation improves.



Quarantine: For Swedish and U.K. residents or any other travelers arriving from high-risk countries “in or outside of Europe”, who insist on traveling right now. The self-isolation is recommended not enforced. The government indicates the current ban applies until June 30. Such travelers must also have a health certificate.

BETA

Non European Travelers: Not before the EU external border restrictions end, from July 1 says the government.

 **Dutch Ministry of Foreign Affairs** 
@DutchMFA

As of 15 June, it is possible for tourists from several European countries to visit the Netherlands.

Please find the list of countries and more information on the Dutch measures to prevent #Covid_19 on our website: netherlandsandyou.nl/documents/freq...



Government of the Netherlands

Holiday in the Netherlands?

It is now possible for tourists from a number of countries to visit the Netherlands on holiday.
Check www.netherlandsandyou.nl for more information.

You must adhere to Dutch measures to prevent the spread of coronavirus during your trip:

 If you develop symptoms, get tested and self-isolate in your accommodation.	 Stay 1.5 metres (2 arms length) away from other people.	 Wash your hands often and avoid shaking hands.	 Cough and sneeze into your elbow.	 Avoid busy places.	 Avoid using public transport. If you have to, get on and off quickly and wear a non-medical face mask.
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alleen samen krijgen we corona onder controle

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Norway

From 15 June, Norway and Denmark reopen their borders to each other. Quarantine on arrival and entry restrictions end for Danes arriving directly by ferry or plane. By July 20 says Visit Norway, the government will decide if travelers from other European countries can visit this summer.

BETA

Quarantine: Danes arriving from Sweden still face quarantine.

Non European Travelers: The foreign affairs ministry is for now advising against all non-essential international travel into the country until August 20. The EU border reopening may fastrack this decision. For now Norway entry restrictions remain stringent.

Poland



Poland opens its borders—and social distancing disappears—on June 13. After almost three months, ... [+] DPA/PICTURE ALLIANCE VIA GETTY IMAGES

Borders are open to EU nationals as of June 13, while international flights resume within Schengen from June 16.

Quarantine: No

Non European Travelers: Poland will fall in line with the EU's opening to foreign travelers from July 1.



Portugal

BETA



A man distributes hand sanitizing gel at the Torre beach in Oeiras of Lisbon, Portugal, June 6, as ...
 [+] XINHUA NEWS AGENCY/GETTY IMAGES

Air travel from many European countries resumes in earnest from June 15 for leisure travelers. Travelers must respect the social distancing and mask rules. The government has requested the land border with Spain remain closed until July 1.

Quarantine: Passengers flying to the Madeira archipelago must show a negative Covid-19 test taken within 3 days of arrival to dodge a two week quarantine. The measure is expected to be eliminated on July 1 says Visit Portugal.

Non European Travelers: Possible when the EU opens to the world, from July 1.

Romania

Romania is open to travelers from the 30 EU+ countries.

Quarantine: The catch is all travelers bar some who are exempt face quarantine. Either in a government centre or self-isolation. See



exemptions here. The situation should change by late June.

Non European Travelers: No. But should restart from July 1 as EU welcomes back low-risk travelers.

BETA

Slovakia

Slovakia reopened its borders to arrivals from Austria, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Latvia, Liechtenstein, Lithuania, Malta, Norway, Slovenia and Switzerland on June 10.

Quarantine: A negative test is required to dodge self-isolation.

Non European Travelers: Not yet.

Slovenia



A waiter disinfects a table at the Vila Bled Hotel in Slovenia during the reopening.

IMAGES/LIGHTROCKET VIA GETTY IMAGES

Slovenia reopened borders to EU citizens on May 15, and to the world on June 13. Non Europeans can also fly into the country, but many face quarantine.



Quarantine: Mandatory 14-day quarantine for Brits, Swedes and Russians. Also applies to returning citizens and residents who've tripped beyond the bloc to high-risk countries.

BETA

Non European Travelers: Possible for those from outside the EU, but with a fortnight quarantine for many including Brazilians, Singaporeans, Qatar and UAE arrivals. See the full list here. Only U.S. citizens with residency in an EU country can enter Slovenia says the country's American embassy.

Spain



From empty airports to this ... At Frankfurt Am Main in Germany on June 15, tourists check in for a ... [+] GETTY IMAGES

Spain is opening to holidaymakers from the EU on June 21 as it fastracks its ambitious tourism comeback. "We will soon be able to welcome you with open arms," says the national tourism office. At Portugal's request, the land border between the two remains closed to July 1. 11,000 Germans are already being welcomed back in droves to the Balearic Islands, from June 15. Under a pilot reopening project, quarantine rules are waived.



Quarantine: From June 21, the current quarantine measures end.

Non European Travelers: Spain will reopen for international travel from July 1, though details are to come.

BETA

Sweden

“Welcome to Sweden – when the time is right” is still Visit Sweden’s Covid catchcry. “Take care and see you soon!” That despite the fact that travel from the EU+ countries and the U.K. is possible it says.

Quarantine: None

Non European Travelers: Not for non-essential travel. In a positive sign of things to come, the Swedish government says “The entry ban has been extended up to and including 30 June.”

Switzerland



And up, up and away it goes. The temporary block on the Swiss-French border is removed by Swiss ... [+] AFP VIA GETTY IMAGES

From June 15, the alpine nation is allowing entry of all travelers from the 30 EU+ countries, and the U.K. Initially it planned to maintain border controls with Italy, but that’s been scrapped much to Italians’ joy.

Quarantine: None.

Non European Travelers: Not yet.

BETA

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Tamara Thiessen

I have three decades of experience as a journalist, foreign correspondent and travel writer-photographer. Working for print, digital and radio outlets on four continents,...

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Neelam Sharma

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VERSUS

State of Himachal Pradesh

...Defendants/Respondents/Accused.

Know all to whom these presents shall come that I Sanjiv Agarwal, S/o (INSERT FATHER's NAME), R/o (INSERT ADDRESS), the above named Intervener/ Applicant do hereby appoint.

B.C Negi, Atul G. Sood, Kartik Kumar

Advocates

To be the advocate for the Intervener/ Applicant (hereinafter called the Advocate) to be my/our Advocate in the above-noted case and authorize him:

To act, appear and plead in the above noted case in this court or in any other court in which the same may be tried and also in the appellate court for and on my/our behalf.

To sign, file and present pleadings, appeals, cross objections or petitions for execution, review, revision, restoration, withdrawal, compromise, or other petitions, replies, objections or affidavits or other documents as may be deemed necessary or proper for the prosecution or defending of the said case at all the stages.

To file and take back documents.

To withdraw or compromise the said case, or submit to arbitration any difference or disputes that may arise touching or in any manner relating to the said case.

To take out execution proceedings.

To deposit, draw and receive moneys and grant receipts thereof and to do all other acts and things which may be necessary to be done for the progress and in the course the prosecution or defence of the said case.

To appoint and instruct any other legal practitioner or Advocate authorizing him to exercise the powers and authorities hereby conferred upon the Advocate whenever he may think fit to do so.

And I/We, the undersigned, do hereby absolutely bind myself/ourselves and confirm that all acts or steps taken by the Advocate or his substitute in the above case shall be as good and binding on me /us as if they are my/our own acts and deeds and that they shall always be absolutely binding on me/us.

And I/We hereby agree that the engagement under these present will not be a service under the Consumer Protection Act, 1986 and i/We shall not be entitled to initiate any action against the Advocate under the said Act, on any point or dispute whatsoever.

And I/WE hereby waive our right, if any, in this behalf. This is one of condition of engagement insisted upon by the Advocate and accepted by me/us.

And I /We undertake that I/We or My/our duly authorized agent would appear in Court on all hearings as and when so required by the Court or Advocate.

And I/we, the undersigned hereby agree not to hold the said Advocate or his substitutes responsible for the result of the said case in consequences or his absence from the court when the said case is called up for hearing or for any negligence of the said Advocate or his substitute.

And I/We , the undersigned, do hereby agree that in the event of the whole or any part of the fee agreed by me /us to be paid to the Advocate remained unpaid he shall be entitled to withdraw from the prosecution of the case until the same is paid up. If any costs are allowed as for an adjournment, the Advocate will be entitled to the same.

The above conditions have been read over and explained to me/ us in Hindi vernacular which I/We admit to be correct and Authorise above named Advocate or his substitute to do above acts on my/our behalf in all courts/ Tribunals etc.

In Witness where-of I/We do here up to set our hand to these presents the contents of which have been understood by me /us this Day of July 2020.

Accepted

Advocate

Client