



भा.कृ.अनु.प.-खरपतवार अनुसंधान निदेशालय,
महाराजपुर, अधारताल, जबलपुर (म.प्र.)
ICAR-Directorate of Weed Research
Maharajpur, Adhartal, Jabalpur (M.P.)



Application form for allotment of accommodation at Guest House

नाम Name (in Block letters)					
पद Designation					
पूरा पता Full Address Official (if Employed) or Residential					
दूरभाष / सम्पर्क नं. Telephone/Contact No.	Mobile _____		Office _____		Res. _____
	Email _____				
उद्देश्य Purpose of visit	OFFICIAL		PRIVATE		
भ्रमण का विवरण Description of visit					
वर्ग Category (Please ✓Mark)	ICAR/SAUs <input type="checkbox"/> (Serving or retired)	Central <input type="checkbox"/> Autonomous Organization PSU <input type="checkbox"/>	State Govt. <input type="checkbox"/>	Private visitor/ Other <input type="checkbox"/>	
ठहरने की अवधि Duration of stay	From Arrival time	To Diparture time	Days		
आवास हेतु मांग Accommodation Requested (Please ✓ mark)	Single Bed		Double Bed Room		VIP Suite <input type="checkbox"/>
	AC <input type="checkbox"/>	Non AC <input type="checkbox"/>	AC <input type="checkbox"/>	Non AC <input type="checkbox"/>	
कुल व्यक्तियों की संख्या Total No. of persons					
हस्ताक्षर दिनांक सहित Signature with Date					
To, The Director/Incharge ICAR – DWR JABALPUR					
For Office Use only					
Recommended/ not recommended for allotment					
					Authorized Signatory
I/C, Guest House					
Room No (s) allotted _____ from _____ to _____					
					I/C, Guest House