



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 (पूरा नाम) Name (in Block letters)			
पद Designation			
पूरा पता Full Address Official (if Employed) or Residential			
*पहचान पत्र का प्रकार एवं संख्या *Type of Identity card & No.			
दूरभाष/सम्पर्क नं. Telephone/Contact No.	Mobile: Office: Email Id:		
उद्देश्य Purpose of visit	OFFICIAL		PRIVATE
वर्ग / Category (Please ✓ Mark)	ICAR/SAUs (Serving or retired) <input type="checkbox"/>	Central <input type="checkbox"/> Autonomous Organization PSU <input type="checkbox"/>	State Govt. <input type="checkbox"/> Private visitor/ Other <input type="checkbox"/>
ठहरने की अवधि (दिनांक) Duration of stay (Date)	Arrival date and time	Diparture date and time	Total days
आवास हेतु मांग Accommodation Requested (Please ✓ mark)	Single Bed Room AC <input type="checkbox"/> Non AC <input type="checkbox"/>	Double Bed Room AC <input type="checkbox"/> Non AC <input type="checkbox"/>	Total Rooms
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			
I/C, Guest House			Authorized Signatory
Room No. (s) allotted _____ from _____ to _____			
			I/C, Guest House

*It is mandatory to send a copy of valid identity card along with application.

Fax No. 0761-2353129, email- guesthousedwr@gmail.com, Mukesh.Meena@icar.gov.in