

**Application Form for Allotment of Accommodation at Trainees' House/ Transit House**

**ICAR – Indian Institute of Seed Science, Mau**

**Village & Post- Kushmaur, Mau (U.P.)- 275103**

<b>Name</b>				
Designation				
Full Official (if employed) or Full Residential Address				
Contact Details	Mobile	Office	Email	
Covid-19 vaccination done? (Please tick)	Yes		No	
Purpose of Visit (Please tick)	Official		Private	
Description of visit				
Category (Please tick)	<b>ICAR/SAU</b> Serving or retired <input type="checkbox"/>	<b>Serving</b> Central/State Govt./Autonomous/ PSUs <input type="checkbox"/>	<b>Private</b> Visitor <input type="checkbox"/>	<b>Foreigner</b> SAARC/ Others <input type="checkbox"/>
Duration of stay	Check-in Date:		Check- out Date:	
	Check- in Time:		Check- out Time:	
Accommodation Requested (Please tick)	Double bed room (Double occupancy)		Single bed room (Single Occupancy)	
Total Number of persons				
Date:	Signature:			

To

**The Director**

**ICAR- Indian Institute of Seed Science**

**Village & Post- Kushmaur, Mau (U.P.)- 275103**

**Phone- 0547- 2970721, Fax:- 0547- 2970721**

**For Official Use Only**

Recommended for Double Bed Room (s) Single Bed Room (s) From .....To.....for .....Persons. <b>Available/ Not Available</b> <b>Room No.</b> <b>Caretaker, Trainees' Hostel</b>	<b>Authorised Signatory</b>
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