Regional Occupational Health Centre (Eastern)
Kolkata - 700091

Application Form for Guest House Booking

1. Name of visitor(s)........................................................................................................

2. Designation..................................................................................................................

3. Address & Tele No.....................................................................................................

4. Expected arrival: Date........................................... Time...........................................

5. Expected departure: Date........................................... Time..........................................

6. Category proposed: (Please √ in the appropriate box)
   (A) ICMR Staff on Official Duty□ (B) Non ICMR Staff on ICMR Duty□
   (C) ICMR staff on personal Visit□ (D) Non ICMR Staff on personal Visit□
   & their family members (Self, Wife, Mother/Father & Children Only)

7. Type of accommodation required: (Please √ in the appropriate box)
   (i) Single bed on sharing Basis□ (ii) One Complete Room Occupancy□

8. Purpose of visit ........................................................................................................

9. No of person(s)...........................................................................................................

10. Person making the booking:
   (i) Name: ..................................................................................................................
   (ii) Dept............................................. (iii) Designation .............................................
   (iv) Mobile No ........................................ (v) Date .............................................

If Charges are not paid by the Guest, then the booking person agrees to settle the Bill

Signature of the person making the booking with date

Signature of competent authority with date

To

Officer-in-Charge,
ROHC(E) Guest House

For Office Use only

Allotted Room No.: ......... Category.: ..............
Registers Sl. No:.................Total Amount ..............
APPROVED

Signature