



**Regional Occupational Health Centre (Southern)
Bengaluru - 562110**



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 \checkmark 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 \checkmark 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(S) Guest House**

For Office Use only

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

APPROVED

Signature