



आईसीएमआर – राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान  
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

No. ICMR/NIOH/2025-26/

Dated: 16-05-2025

## **GUEST HOUSE BOOKING POLICY**

About us The Indian Council of Medical Research (ICMR) is India's apex body for biomedical research, dedicated to translating scientific discoveries into actionable health solutions. With a focus on generating, managing, and disseminating knowledge, ICMR addresses critical health challenges, particularly those affecting vulnerable and marginalized communities. ICMR promotes innovation in diagnostics, treatments, and vaccines, harnessing modern biological tools to advance public health. By strengthening research infrastructure and human resources, especially in medical colleges and health institutions, it fosters a culture of scientific inquiry. Committed to bridging the gap between medical research and public health implementation, ICMR ensures that cutting-edge innovations benefit society at large. The guest house facility at ICMR Institutes and Headquarters ensures the appropriate standards of safety and security, supported by stringent measures aligned with GFR 2017 norms. With a moderate security cover in place, including a mix of ex-service or ex-paramilitary personnel and trained civilian staff, guests can rely on a secure and well-protected environment

### **Procedure for Guest House Booking at ICMR-NIOH**

#### **(Important Instructions for allotment of rooms at ICMR-NIOH Guest house)**

**For Official Visit:** The booking shall be allowed upto 07 days only as per availability and requirements.

**For Personal Visit:** The booking shall be allowed upto 03 days only and further extension shall only be given on approval from the Competent Authority.

#### **General Terms of Guest House Use:**

- (a) Allotment of rooms in the Guest House shall be on the first come first serve basis. However, preference will be given to ICMR officers on official visit.
- (b) The room rent charges shall be applicable as per the accommodation charges specified at point 7.
- (c) Maximum continuous stay in the Guest house accommodation would be for 07 days subject to availability.
- (d) Liquor/smoking/any kind of tobacco products is strictly prohibited in the Guest house premises.
- (e) Pets are not allowed in the Guest house.

#### **1. Submission of Booking Request:**

All booking requests must be submitted through official communication (either by email or letter) through proper channel from the concerned department or institution. Requests can be sent to in the prescribed format Annexure-A to [director-nioh@gov.in](mailto:director-nioh@gov.in). Oral or telephonic requests will not be considered unless followed up with a formal official communication.



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## 2. Personal Stays:

Requests for personal stays will only be entertained under exceptional circumstances and require prior approval from the Director/Competent Authority.

## 3. Advance Booking Requirements:

Guests are advised to submit their booking request at least **15** days in advance to facilitate processing of the request. Kindly note that the institute is closed on Saturday and Sunday.

o The request should include comprehensive details, such as:

- ♣ Full name of the guest(s)
- ♣ Designation and institution/organization
- ♣ ID card number
- ♣ Purpose of visit
- ♣ Number of rooms.
- ♣ Details of accompanying persons including driver details (if any)
- ♣ Duration of stay in the Guest House (check-in and check-out dates) with anticipated time
- ♣ Contact details (email and phone number)

All the details should be submitted in the prescribed format provided in Form-1 (GHF-1).

## 4. Booking Confirmation:

Once the request is processed, a confirmation of booking will be communicated to the guest via email.

## 5. Walk-in Accommodation:

Walk-in requests for accommodation are generally not encouraged. However, under special circumstances, they may be considered subject to:

- ♣ Availability of rooms
- ♣ Approval from the Competent Authority, ICMR-NIOH
- ♣ Submission of GHF-1 details at the time of check-in.



## 6. Accomodation charges

SI No.	Details of Visitors	Revised charges (per room/ per day)
1.	ICMR staff of official duty	₹ 450.00 + applicable taxes.
2.	ICMR Officials on personal visit (including self/ family)	₹ 250.00 + applicable taxes.
3.	Non-ICMR Official on ICMR duty	₹ 450.00 + applicable taxes.
4.	Non-ICMR Official on Official duty	₹ 750.00 + applicable taxes.
5.	Non-ICMR Officials on personal visit.	₹ 1000.00 + applicable taxes.
6.	Jr Research fellow Sr Research fellow Short Term Students Research Associates Post-Doctoral Fellowship(PDF) Any other student/fellow/Associate	₹ 250.00 + applicable taxes.
7.	Extra Bedding (Without cot)	₹ 100.00 + applicable taxes.

## 7. Check-In Requirements:

All guests must produce the valid Office/Government-issued ID card along with Voter ID/AAG whose details have been provided during booking at the Main Gate and/or during the check-in process. Guests are requested to cooperate with the security staff for verification purposes.

## 8. Additional Guidelines:

The Guest House is primarily intended for official visits of ICMR Officials. Any non-official bookings, if permitted, will be strictly at the discretion of the Director/Competent Authority.

Guests are expected to adhere to the house rules during their stay.

In case of any changes to the booking (e.g., extension, cancellation), guests must promptly inform the Guest House Manager.

## 9. Feedback Submission:

Guests are encouraged to share their feedback, suggestions, or grievances regarding their stay upon checking out of the Guest House.

A designated feedback form will be readily available at the Guest House reception to facilitate this process.

## 10. Contact Information:

For inquiries or submission of requests, guests may contact the Guest House Manager at the provided official email address or phone number.

-Sd  
Administrative officer

## Annexure-A

### ICMR-NIOH Guest House Booking Form

**Please Read Instructions Before Filling the Form:**

1. All the details should be fill in CAPITAL LETTER only.
2. All fields are compulsory to be filled. If not, then Guest House booking not considered to be done.
3. After complete filling form mail this form to [barainirrh@icmr.gov.in](mailto:barainirrh@icmr.gov.in) , [ao-nioh@gov.in](mailto:ao-nioh@gov.in) and cc to [director-nioh@gov.in](mailto:director-nioh@gov.in).
4. Please Attach complete form together with copy of Official ID card and ADHAR ID in the mail, failing which booking will not be confirmed.
5. Extension beyond the prescribed period will be in the purview of the Director, subject to availability and admissibility only.
6. Only the individuals, for whom the booking is made, will be allotted to stay in the Guest House / Rooms. Copy of identity card should be provided at the reception and original should be shown when requested.
7. In case, the Guest does not arrive within 24 hours of the commencement of booking, the entire booking shall be CANCELLED automatically.
8. The Director, ICMR-NIOH reserves the right to CANCEL any confirmed booking in case of any need for repair works / VIP movement / to accommodate VIPs / to accommodate ICMR officials / any other need, for which no representation/request will be entertained.

1. **Name of the Visitor(s)\*\*:** \_\_\_\_\_
2. **Designation:** \_\_\_\_\_
3. **Pay Level:** \_\_\_\_\_
4. **Complete Office Address:** \_\_\_\_\_

5. **Residential Address:** \_\_\_\_\_

6. **Expected Arrival:** Date \_\_\_\_\_ Time \_\_\_\_\_
7. **Expected Departure:** Date \_\_\_\_\_ Time \_\_\_\_\_

8. **Category (Tick/mark appropriately):**

A. ICMR Staff of Official Visit	D. ICMR Staff and family members (Spouse, Children and Parents only)
B. Non-ICMR staff on ICMR duty	E. Non-ICMR Staff on personal visit
C. Non-ICMR Staff on official visit	

9. **Type of accommodation required**

A. Single bed on sharing basis____		
B. AC two bedded room (No. of rooms____)	C. AC Deluxe room (No. of Rooms_____)	

10. **Purpose of the visit:** \_\_\_\_\_

11. **Person making the booking:**
  - a) **Name:** \_\_\_\_\_
  - b) **Designation:** \_\_\_\_\_
  - c) **Affiliation:** \_\_\_\_\_
  - d) **Contact information:** Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of the person making the booking**  
**Date:**

**Signature of the competent authority with seal**

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**FOR OFFICE USE**

Allotted Room No. \_\_\_\_\_ Category \_\_\_\_\_  
Tariff \_\_\_\_\_ Register S. No. \_\_\_\_\_  
Identity card type \_\_\_\_\_ Total amount for the stay \_\_\_\_\_

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**In-charge, International Training centre ICMR-NIOH,  
Ahmedabad 380016**

**Note:**