

**ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY
AYAPAKKAM, CHENNAI – 600 077**

Application Form for Guest House Accommodation

1.	Name of Guest (in Block Letters)						
2.	Designation		Age		Male / Female		
3.	Address						
4.	Telephone Number	Mobile		Office / Residence			
5.	Email Id						
6.	Purpose of Visit						
7.	Category	Please Tick	Ground Floor VIP Suite Room Rates Room No.1 to 4	First Floor Room Rates Room No.5 to 12			
	ICMR Staff on Official Duty		Rs. 750 /-	Rs. 500 /-			
	Non ICMR Staff on ICMR Duty		Rs. 750 /-	Rs. 500 /-			
	ICMR Staff on Personal Visit & their Family Members		Rs. 1,000 /-	Rs. 750 /-			
	Non ICMR Staff on Personal Visit		Rs. 1,500 /-	Rs. 1,000 /-			
8.	Duration of Stay	From		To			
9.	Total Number of Persons						
10.	Accommodation Charges Payable by (Please Tick)	Guest		Specify Project Fund			
11.	Food Requirement (Please Tick)	Breakfast		Lunch		Dinner	
12.	Food Preference (Please Tick)	Veg.		Non Veg.			
13.	Food Charges Payable by (Please Tick)	Guest		Specify Project Fund			

(Note: Rooms will be allotted by Director's Office)

Signature of Guest

Signature of Recommending Officer

FOR OFFICE USE ONLY

Approved by the Director for allotment of Room at Ground Floor / First Floor for the period from _____ to _____

Administrative Officer

Director