

Application for Allotment of Accommodation at

Guest House

NIANP, Adugodi

Bangalore-560030

Name						
Designation						
Full Address						
Purpose of Visit	Official			Private		
Description of visit						
Category	ICAR/SAU	Retired ICAR/SAU	Central/ State Government	Retired Central/State Government	Foreigners	PSU/others
Duration of Stay	From			To		
Accommodation Requested	Single Bed		Double Bed Room		VIP Suit	
Total No. of Persons						
Signature with Date						

To

The Director

NIANP, Adugodi

Bangalore-560030

Fax 25711420

E-mail: nianpguesthouse@gmail.com

For Official Use Only

Recommended for ___ Single room/ ___ Double room/ ___ VIP Suit for _____ Days from
_____ to _____ for ___ Persons.

Authorized Signatory

Caretaker, IGH

Room No. Allotted _____ from _____ to _____

Caretaker/Manager