



भा.कृ.अनु.प.-खरपतवार अनुसंधान निदेशालय,
महाराजपुर, अधरताल, जबलपुर (म.प्र.)
ICAR-Directorate of Weed Research
Maharajpur, Adhartal, Jabalpur (M.P.)



Application form for booking of accommodation at Guest House

आगतुक का नाम (पूरा नाम) Visitor's Name (in Block letters)			
पद / Designation पेशा / Occupation			
पूरा पता Full Address Official (if Employed) or Residential			
*पहचान पत्र का प्रकार एवं संख्या *Type of Identity card & No.			
दूरभाष / सम्पर्क नं. Telephone/Contact No.	Mobile: Email Id:		
उद्देश्य / Purpose of visit (Please ✓ Mark)	OFFICIAL	PRIVATE / PERSONAL	
वर्ग / Category (Please ✓ Mark)	ICAR / SAUs (Serving or retired)	Autonomous Organization	
	Central Government	PSU	
	State Government	Private Sectors / Other than	
ठहरने की अवधि (दिनांक) Duration of stay (Date)	Arrival date and time	Departure date and time	Total days
आवास हेतु मांग Accommodation Requested (Please ✓ mark)	Single Bed	Double Bed	Total Rooms
कुल व्यक्तियों की संख्या Total No. of persons			
आवेदक के हस्ताक्षर Signature of the applicant			
To, The Director / Incharge ICAR – DWR JABALPUR			
For Office Use only			
Recommended / not recommended for allotment			
I/c, Guest House			Authorized Signatory
Room No. (s) allotted _____ from _____ to _____			
			I/c, Guest House

*It is mandatory to send a copy of valid identity card along with application.

Fax No. 0761-2353129, email- guesthousedwr@gmail.com, Mukesh.Meena@icar.gov.in