



अखिलभारतीयआयुर्विज्ञानसंस्थान, भुवनेश्वर
All India Institute of Medical Sciences, Bhubaneswar
(Application for Guest House Accommodation)

Please Tick/Write you requirement:

- a. Official Visit Private Visit
- b. No of person(s): Adult Children
- c. No of Room Required

1. Name of visitor(s) _____

2. Designation /Relation _____

3. Postal Address & Tele No. _____

4. Expected Arrival DD MM YY HRS

5. Expected departure DD MM YY HRS

6. Category proposed
- A - Employees of AIIMS / MoH&FW / Subordinate or attached offices of MoH&FW / Autonomous bodies of MoH&FW
- B - Other Central / State Government departments / other Ministry Officials / PSUs / Corporation / Autonomous bodies
- C - Others

7. Purpose of Visit _____

8. Reservation request from: Name _____
Designation and Dept. _____
Telephone/Extension Number _____

9. Guest House Charges will be borne: By Guest
Waiver (waiver on account of official meeting)

Date:

Signature of the Student*/Intending Officer
(* Through proper channel)

To,
(Asst. Administrative Officer)

(FOR OFFICIAL USE ONLY)

Guest House Available /Not Available

Submitted for approval of accommodation in Guest House as proposed above.

(Asst. Administrative Officer)

Approved / Not Approved

Deputy Director (Admin)