अखिल भारतीय आयुर्विज्ञानसंस्थान(एम्स), गुवाहाटी

**All India Institute of Medical Sciences, Guwahati**

अर्तर्थ गृहआवास के र्लएआवेदन

**(Application for Guest House Accommodation)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| कृ पया अपनीआवश्यकता पर र्नशान लगाएँ/र्लिें | | | | | | |  | a. आर्िकाररक यात्रा/ Official visit | | | |  |  |  | र्नजी यात्रा/ Private Visit: | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| Please Tick / Write your requirement | | | | | | |  | b. व्यखिय ंकी संख्या/No. of person | | | | (s): |  | व्यस्क/Adult: | | |  |  |  | बच्चे/Children: | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | c. आपेर्ितकमर ंकी संख्या/No. of Room Required: | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | आगंतुककानाम /Name of visitor(s): | | | | |  | …………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 2. | पदनाम/ | | संबंिDesignation/Relation | | |  | …………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | 3. | डाक पता और | | | दूरभ | ाषनंबर/Postal Address & Telephone No.: ………………………………………………………………………………………………………... | | | | | | | | | | | | | | | | | | | | | | |  | |  |
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|  | 4. |  | आिार नंबर/Aadhar Number: | | | | …………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | |  | | |  |
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|  | 5. | अपेर्ित आगमन/Expected Arrival | | | | |  | र्दनांक/DD |  | माह/ MM |  | |  | वषि/YY | |  |  | घंटे/HRS | | | |  | | | |  | | | | |  |
|  | 6. | अपेर्ितप्रस्थान/ Expected Departure | | | | |  | र्दनांक/DD |  | माह/ MM |  | |  | वषि/YY | |  |  | घंटे/HRS | | | |  | | | |  | | | | |  |
|  | 7. | श्रेणीप्रस्तार्वत/ Category proposed | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. – एम्स केकमिचारीEmployees of AIIMS/ स् वास् ्य और पररवार कल् याण मंत्रालयMoH&FW/ स्वास््य और पररवार कल्याण मंत्रालयकेअिीनस्थ या संबद्ध कायािलयSubordinate or attached offices of MoH&FW /

स्वास््य और पररवार कल् याण मंत्रालकेयस्वायत्त र्नकाय Autonomous bodies of MoH&FW

B – अन्य कें Otherद्रीय Central/ राज्य सरकार के र्वभागState Government departments/

अन्य मंत्रालयOther Ministry आर्िकाररक Officials/ साविजर्नकिेत्रकेउपक्रम ंPSUs/ र्नगम Corporation/ स्वायत्त र्नकाय Autonomous bodies

C – अन्य Others

1. यात्रा का उद्देश्य/Purpose of Visit (\*mandatory/ अर्नवायि)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. आरिण अनुर र्जनसेिर्कया जा रहा है/Reservation request from: नाम/ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

पदनाम और र्वभाग/ Designation & Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ईमेलपता/ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

दूरभाष/एक्सटेंशनसंख्याTelephone/ Extension Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | 10. अर्तर्थ | गृहका शुल्कवहन र्कया जायेगा/Guest House Charges will be borne: | | | | अर्तर्थ द्वारा/ By Guest | |  |  |
|  |  |  | छू/टWaiver |  | आर्िकाररक बैठ | | केकारन छू (टwaiver on | account of | official meeting) |
|  |  |  |  |  |  |  |  |  |  |
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**Through Controlling Officer/HOD (with appropriate stamp)**

र्नयंत्रकअर्िकारी/ एचओडी केमाध्यम से(उर्चत म हर केसाथ)

र्दनांक/Date: ………./.……../…………….

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|  |  |  |  | छात्र | केहस्तािर\*/ मांगकतािअर्िकारी | |
| सेवा/मेंTo, | | **Signature of the Student\*/ Intending Officer** | | | | |
| (वररष्ट/ सहायक प्रशासर्नक | अर्िकारी/ Sr./Asst. Administrative Officer) | (\* | उर्चत माध्यम से/\* Through proper channel) | | |  |

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|  |  | **(के वलकार्ाालर्ीनप्रर्ोग के ललए/FOR OFFICIAL USE ONLY)** | | | | |  |
|  | गृहउपलब्ध/ Guest House Available |  |  |  |  | |  |
| अर्तर्थ |  | उपलब्ध नहीं |  |  |  |  |

उपर ि प्रस्ताव केरूप मेंअर्तर्थ गृहमेंआवास केअनुम दनकेर्लए प्रस्तुत।

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

वररष्ट/ सहायक प्रशासर्नक अर्िकारी

(Sr./Asst. Administrative Officer)

(स्वीकृ/तस्वीकृ नहींत/Approved/ Not Approved)

उप र्नदेशक(प्रशासन) Deputy Director (Admin)

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IMPORTANT INSTRUCTIONS/ आवश्यक अनुदेश:

1. To be submitted well in advance, fifteen days before. / अर्िम मेंपद्रह र्दन पहलेप्रस्तुत र्कयाजाना चार्हए।
2. Signature and seal required at the designated place. / र्निािररत स्थानपर हस्तािर व म हर अवश्य लगाए।
3. All entries must be filled carefully. / सभी प्रर्वर्ष्टया साविानी सेभरी जाये।
4. Email id and mobile no should be filled properly. / ईमेलपता और म बाइल नंबरसही तरीकेसेभरे।
5. The booking Confirmation of the guest house accommodation is provisional which may be cancelled at the last minutes in the official interest or otherwise. / अर्तर्थ गृहआवास की बुर्कंकीगपुर्ष्टअस्थायी हैर्जसेअर्िकारी र्हत मेंअर्तम समयपर रद्द र्कया जा सकता हैया अन्यथा।