



**Application for Allotment of Accommodation at Guest House
ICAR-Indian Institute of Horticultural Research
Hesaraghatta Lake Post, Bangalore- 560089**



Name						
Designation						
Full Official (if employed) or Full Residential Address						
Telephone No.	Mobile	Office	Res			
Purpose of Visit	Official			Private		
Description of visit						
Category (please mark)	ICAR/SAU	Retired ICAR/SAU	Central/State Government	Retired Central/State Government	Foreigners	PSU/others
Duration of stay	From			To		
Date and Time of Arrival						
Accommodation Requested	Double bed	Triple bed	VIP Room	Farmers Hostel	Dormitory	
Total No. of Persons						
Signature with Date						

To,
Nodal Officer, Guest House
ICAR-IIHR, Hesaraghatta Lake Post,
Bangalore- 560089
Ph: 080-23086100 Extn: 221
E-mail: gh.ihr@icar.gov.in

For Official Use Only

Recommended for _____ Double Room(s)/_____ Triple Room(s)/_____ VIP Room(s)/_____ Farmer Hostel/
_____ Dormitory for _____ days, from _____ to _____ for _____ Persons.

Authorized Signatory

Caretaker (Guest House)

Room No. _____ of Nethravathi/ Hemavathi/ Sharavathi Allotted from _____ to _____

Caretaker (Guest House)