DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY

**PUSA, SAMASTIPUR - 848 125 (BIHAR)**

***KISAN GHAR/ KISAN CHHATRAVAS***

REQUISITION FOR ACCOMMODATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Designation** |  | | | | | |
| **Address** |  | | | | | |
| **Telephone** |  | | | | | |
| **Category** | **Student/ University Staff/ Central Govt./State Govt./ Private/Others** | | | | | |
|  | | | | | |
| **Purpose and details of visit** |  | | | | | |
| **Duration of stay** | **From** |  | | **To** |  | |
| **Type of accommodation required (Please**  **√ mark)** | **Double bed room** | | **Dormitory** | **Suite** | | **Hall** |
|  | |  |  | |  |
| **Total no. of**  **persons** |  | |  |  | |  |
| **Type of Identity card and no.** |  | | |  | | |
| **Emergency contact person & mobile no.** |  | | | | | |

Applicant signature with date

Signature and official seal of recommending authority

FOR OFFICIAL USE

Forwarded to Controlling Officer, Kisan Ghar/Kisan Chhatravas for needful.

(O/I Kisan Ghar) Recommended/Not recommended for allotment:

Authorized Signatory