

ICAR-Central Institute for Research on Buffaloes

Sirsa Road, Hisar-125001(Haryana)

**Detail of the occupant for Allotment of
Accommodation**

NAME (IN BLOCK LETTERS)						
Employment category	ICAR /SAU	Retired ICAR/SAU	Central /State Govt.	Retired Central/ State Govt.	Foreigners	Private /others
Designation (If employed)			Employee ID No. or No. of any other ID Proof			
Full Official Address (If employed) or Full Residential Address						
Tel/Mobile:						
Email ID: (IN BLOCK LETTERS)						
Purpose of Visit						
Date of Arrival				Time of arrival:		
Date of Departure				Time of Departure:		
Name and age of accompanying persons	Contact Number:	Name(s) & Age:		3.		
		1.		4.		
		2.		5.		
				6.		
Indicate the name of the person to be contacted while emergency along with mobile number						
Undertaking: I undertake to abide by the guidelines of the training hostel accommodation						
Signature of Indenter						
(In case, another person is indenting in case on behalf of applicant; give Address & Telephone/E-mail of the indenter)						