

**Application Form for Allotment of Accommodation  
International Guest House  
National Agriculture Science Complex  
Dev Prakash Shastri Marg, New Delhi 110 012**



Name						
Designation						
Full Address						
Telephone No.	Mobile _____		Office _____		Res. _____	
Purpose of Visit	Official			Private		
Description of Visit						
Category (please mark)	ICAR/ SAU	Retired ICAR/SAU	Central/ State Govt. (Ministerial department)	Autonomous Organisations/ PSU/Private Persons	Foreigners	
					SAARC	Others
Duration of Stay	from _____			to _____		
Accommodation Requested	Single Bed		Double Bed Room		VIP Suite	
Total Number of Persons						
Signature with Date						

**To**

**Deputy Secretary (GAC)  
Room No.205, ICAR  
Krishi Bhavan, New Delhi 110 001  
Tele fax : 23381378, 23388991/Extn 460  
E-mail : bnr.icar@nic.in**

**For Official Use Only**

Recommended for \_\_\_\_\_ Single Room(s)/ \_\_\_\_\_ Double Room(s)/ \_\_\_\_\_ VIP Suit(s)  
for \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ Persons.

**Authorised Signatory**

Caretaker, IGH

Room No(s) allotted \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Caretaker, IGH**

*Detailed terms and conditions and application format can be viewed at [www.icar.org.in](http://www.icar.org.in)*