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