



Government of India
Ministry of Agriculture & Farmers Welfare
Department of Animal Husbandry, Dairying & Fisheries
C.C.S. National Institute of Animal Health

Baghpat-250609 Uttar Pradesh

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(An ISO 9001:2015 certified organization)

**GUEST HOUSE
REQUISITION FORM FOR ACCOMMODATION**

Name of the applicant and address	
Name of guest/s and address (Kindly see the overleaf for Category of the applicant/visitors)	
Number of Rooms required (maximum three)	
Purpose (Circle the correct option)	Official Personal
Category of Accommodation required (Circle the correct option)	AC Room Non AC Room
Total no. of guests	Adults: Children:
Date of arrival	
Approximate time of Arrival	
Duration of stay	
Date of Departure	
Contact Number	
Email	
Signature of the applicant with date	

For Office Use

Room Allocated	
Whether information on availability of accommodation communicated to the applicant	
Total amount to be paid (Payment receipt no. to be entered on payment)	

Signature of the Incharge

Approved/ Not approve

Director

Category of Applicant/ Visitors

Category 1- Officer of the Animal husbandry Department (Central/ State) including ICAR/State Agriculture/ Veterinary University visiting NIAH on official duty.

Category 2- Officer of the Animal husbandry Department (Central/ State) including ICAR/State Agriculture/ Veterinary University visiting NIAH on Private visit.

Category 3- Employee of State PSU/ Others.