

MARA HOUSE ROOM RESERVATION FORM

| | | | | | | | |
|----|--|--|--|---------|------------|------------|--|
| 1 | Name | | | | | | |
| 2 | Father's/Mother's Name | | | | | | |
| 3 | Contact Number | | | | | | |
| 4 | Email ID (If any) | | | | | | |
| 5 | Designation for Employee of MADC | | | | | | |
| 6 | Name of Employer if any (for non-MADC Staff), i.e. name of Government/Organisation/Company, etc. | | | | | | |
| 7 | Purpose (Tick in appropriate box) Mara House liata tlôna chhâpa (Reason for booking) | On Duty | | Medical | | Study Tour | |
| | | Not On Duty | | Private | | Business | |
| 8 | Any other purpose (Mention please) | | | | | | |
| 9 | Date of Duration | From: | | | To: | | |
| 10 | Number of Days | | | | | | |
| 11 | Name of ID card enclosure | | | | | | |
| 12 | Address | House No. _____ Street Name. _____ Village or Locality. _____ District. _____ State. _____ Pin. _____ | | | | | |
| 13 | Other information, if any | | | | | | |

Date :

Place :

Name & Signature of Applicant

NB :

1. Booking period at General Administration & Control Department, MADC is 9:30 A.M to 2:30 P.M during office working hours.
2. All the reservations are made subject to availability of seats and General Administration & Control Department, MADC has no responsibility if accommodation is denied due to non-availability of seats.
3. Enclosed list of applicants if application is in group of more than or equal to 10 Members. However, group member is less than 10, application should be fill up individually.