

INDIAN COUNCIL OF MEDICAL RESEARCH
PRFORMA REGARDING RESERVATION OF ACCOMODATION IN THE ICMR GUEST HOUSE

S.No.	Name Designation & Address	Male/Female	ICMR Officer On ICMR duty	Whether ICMR Officer on ICMR duty	Non ICMR Officer on private duty	Purpose of Visit	Period of stay From	Time of arrival	Remarks
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Dated:
 Guest House Incharge, ICMR

Countersigned
 Administrative Officer of the Section/
 Division which has invited the Guest

Signature
 Name of P.S./Sr.
 P.A./S.O. _____
 Division /Section which
