## Application for Allotment of Accommodation at GUEST HOUSE

## ICAR-Indian Institute of Spices Research Merikunnu (PO), Kozhikode – 673 012

NAME										
(IN BLOCK LETTERS)										
Employment category	ICAI /SA		Retired ICAR/SAU	Centr /State	al Govt.	Retired Central State Govt.	/	Foreigners	Private /others	
Designation				_	Employee Id. No. or					
(If employed)				No. of any other Id. proof						
Full Official Address										
(If employed) or										
Full Residential Address										
Tel / Mobile:										
Email.ID*										
Purpose of Visit										
<b>Duration of stay</b>	From:			To:			No	No. of Days:		
Time of arrival					Time o	of Departure				
Number and Name of	Nui	mber*	Name (s):							
accompanying persons			1.							
			2							
			3							
			4							
Signature of Indenter										
(In case, another person is indenting on behalf of applicant; give Address &Telephone/ E-mail of indenter)										

To,

The Director,

Indian Institute of Spices Research Merikunnu (PO), Kozhikode - 673012

Phone: 0495-2731410, 2731410, 2730906 Fax: 0091-495-2731187, Mobil – 9847110015, E-mail: director.spices@icar.gov.in, Sayedmohammed.VV@icar.gov.in, sayediisr@gmail.com

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