

**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	ICAR /SAU	Retired ICAR/SAU	Central /State Govt.	Retired Central/ State Govt.	Foreigners	Private /others
Designation (If employed)			Employee Id. No. or No. of any other Id. proof			
Full Official Address (If employed) or Full Residential Address						
Tel / Mobile:						
Email.ID*						
Purpose of Visit						
Duration of stay	From:		To:		No. of Days:	
Time of arrival				Time of Departure		
Number and Name of accompanying persons	Number*	Name (s): 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, [sayediis@gmail.com](mailto:sayediiis@gmail.com)
Jayaprakash.PT@icar.gov.in**