

CENTRAL PLANTATION CROPS RESEARCH INSTITUTE
(Indian Council of Agricultural Research)
KASARAGOD 671 124, KERALA, INDIA

APPLICATION FOR GUEST HOUSE ACCOMMODATION

Name				
Designation				
Full Address				
Purpose of Visit	Official (Purpose to be shown)	Private (Purpose to be shown)		
Category	ICAR/Agrl. University	Retd.ICAR/ Agrl. University	Central/ State Govt.	PSU/ Others
Duration of stay	From _____ to _____ Date _____ Time _____			
Accommodation requested	Single Bed/Double Bed room			
Total No. of beds & persons				
Signature with date				

To

The Director, CPCRI, P.O. Kudlu, Kasaragod-671 124

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(For Official use only)

Recommended for _____ single room/ _____ Double room _____ days

From _____ to _____ for _____ beds/persons.

Authorised Signatory

Guest House & Room No. allotted _____ from _____ to _____

Not allotted

Officer-in-Charge(Guest house)