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| **iiwm_logo_new.png** | **भाकृअनुप - भारतीय जल प्रबंधन संस्थान****ICAR – INDIAN INSTITUTE OF WATER MANAGEMENT****रेल विहार के सामने, चन्द्रशेखरपुर, भुवनेश्वर -751023, ओड़ीशा****Opp. Rail Vihar, Chandrasekharpur, Bhubaneswar-751023. Odisha** | **ICAR Logo** |

|  |  |
| --- | --- |
| **Name: (IN BLOCK LETTERS)** |  |
| Employment Category of the Visitor | ICAR/ SAU | Retired ICAR/ SAU | Central/State Government | Retired Central/State Government  | Foreigners(SAARC/ Others) | Private/Others |
|  |  |  |  |  |  |
| Designation (If employed) |  | Employee ID No. Or No. Of any other (Pl. Specify) ID proof |  |
| Full Official Address (If employed) or Full Residential Address (If private/others) |  |
| Contact Numbers: | Office |  | Mobile |  |
| **Email.ID** **(to be filled must)** |  |
| **Purpose of Visit** |  Official  |  | Private |  |  |
| **No. of rooms required** |  |
| **Duration of stay** | Check In Date and Time :  |  | Check Out Date and Time:  |  |
| **No. of days of stay** |  |
| Number and Name of accompanying persons/ Relationship/Age of children | Total Number:Name: 1. 4.2. 5.3. 6. |
| Purpose of Visit of accompanying persons |  |

**Note:** Confirmation of accommodation must be enquired from the Guest House In-charge, ICAR-Indian Institute of Water Management before proceeding, on any working day at Telephone No.0674-2301815.

**Signature of the Indentor/Guest**

**To**

**The Director**

**ICAR – Indian Institute of Water Management,**

**Opp. Rail Vihar, Chandrasekharpur**

**Bhubaneswar, Odisha - 751023**

**E-mail** **director.iiwm@icar.gov.in**

**IMPORTANT INSTRUCTIONS FOR ALLOTMENT OF ROOMS AT ICAR-IIWM,**

**GUEST HOUSE / TRAINING HOSTEL.**

1. Allotment of rooms in the Guest House shall be on first come first serve basis. However, preference will be given for ICAR/SAU Officers coming on Official Visit.
2. Generally, allotment of rooms shall not be made for marriage and personal functions.
3. Allotment can be treated as cancelled/shifted in case it is required for departmental VIP use.
4. **Check-out time is 12 noon.**
5. **The room rent charges shall be applicable as per the status of the guest staying in the guest house and not as per the status who has booked the accommodation e.g. if an ICAR employee is booking and accommodation for a private person, charges will be as applicable to “Private Visitor” and not “ICAR Charges”.** Payment of room rent charges will have to be made only by digital means. **No cash payment will be accepted.**
6. Maximum continuous stay in the Guest House would be for a **period of 5 days** subject to availability.
7. To avoid inconvenience, request for allotment of accommodation should be sent 15 days in advance in proper format available on the website through Email to director.iiwm@icar.gov.in or through **FAX (0674-2301651)**. **No verbal/telephonic request will be entertained.**
8. Confirmation of accommodation must be enquired from the Guest House In-charge before proceeding, on any working day on telephone No. 0674-2301815.
9. Liquor/Smoking is strictly prohibited in the Guest House.
10. Pets are not allowed in the Guest House.
11. Copy of Photo Identity card issued by a Government Organisation is compulsory to be submitted to the caretaker at the time of check in. Please carry a copy of your photo identity card and submit to the caretaker while check-in. Every person occupying the room should submit the copy to the caretaker before check in. No entry to the guest rooms will be allowed without submitting copy of the identity card. ​The rooms of the Guest House will be occupied by only those whose names have been indented in the application form.
12. Proper decorum in the Research Institute and guest house should be maintained. Guest House In-charge reserve the right to withdraw the lodging facilities of the guest if found not maintaining proper decorum and/or creating nuisance for others.
13. No person or guest would be allowed to enter or go out of the guest house after 11.00 PM except check in and check out.
14. **Children above the age of 5 years will be charged full rate.**
15. **All the bills should be cleared before vacating the Guest House. Any damages to the property of the Guest rooms will be borne by the Guest.**

**I agree the above mentioned rules and regulations.**

**Signature of the Indentor/Guest**

**Name of the Indentor/Guest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**