(Application should be submitted prior one week of booking)

Application for allotment of accommodation in Dr. Ambedkar International Centre (DAIC) 15 Janpath, New Delhi - 110001.

To,

The Director
Dr Ambedkar International Centre (DAIC),
Department of Social Justice and Empowerment,
15, Janpath, New Delhi - 110001.

Subject: Allotment of accommodation in Dr. Ambedkar International Centre (DAIC), 15 Janpath, New Delhi for (purpose)

The following accommodation may please be allotted in Dr. Ambedkar International Centre (DAIC), 15 Janpath New Delhi- 110001:

1. Occasion.
2. Date and duration
3. Dignitary details.
4. Application Category
5. Approximate No of participants.
6. Accommodation Required.

<table>
<thead>
<tr>
<th>Accommodation (Please tick the appropriate box)</th>
<th>BHIM (700Seats Auditorium)</th>
<th>NALANDA (100Seats Auditorium-1)</th>
<th>SAMRASTA (100Seats Auditorium-2)</th>
<th>Outside area not for dining purpose</th>
<th>Outside area for dining purpose</th>
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<tr>
<th>Date(s) (Please specify)</th>
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</table>

| Round Table Conference Room No I having seating capacity of 22 persons | Round Table Conference Room No II having seating capacity of 14 persons | Round Table Conference Room No III having seating capacity of 23 persons | Round Table Conference Room No IV having seating capacity of 60 persons |

| Atrium | First Floor Foyer Area | VIP Dining/Exhibition (I) | VIP Dining/Exhibition (II) |

7. Host of conference (please Name)

<table>
<thead>
<tr>
<th>Government</th>
<th>PSU/Autonomous Bodies</th>
<th>Private/NGO*</th>
</tr>
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</table>
* Photo ID of the person requesting the booking required to be submitted.

8. We/this Ministry/Department agree to abide by terms and conditions governing allotment of accommodation in Dr. Ambedkar International Centre (DAIC)

9. A Sum of Rs. __________________ on account of rental charges along with application tax is sent herewith through Demand Draft (DD) No.____________________ dt._____________.

10. Detailed Scheduled for the programme is attached/will be submitted before the start of program.

Date:

Yours faithfully,

(Signature with Seal)

(To be signed by the Joint Secretary/Head of the Department/Institution or equivalent officer)

Name of the signing authority__________________________________________

Designation__________________________________________

Telephone No__________________________________________

Email ID__________________________________________

Mobile No.__________________________________________

Postal address__________________________________________

Check List:-

1. ID Proof

2. Security deposit Demand Draft (Refundable).

3. NOC from DCP Office, Parliament Street, New Delhi.

4. Mode of Payment (only DD)

5. Total Rental amount (Rent) =
   GST Amount =