Application Form for Allotment of Accommodation at Farmers Facilitation Centre and Trainees Accommodation Facility at **Muttukadu Experimental Station** of ICAR-CIBA, Kovalam post, Muttukadu, Chengalpattu District

Name						
Designation						
Designation						
Full Official (if						
employed) or Full						
Residential Address				<u> </u>		
Telephone No.	Mobile			Office		
Covid-19 Vaccination	Yes			No		
done? (Please tick)						
Purpose of Visit	Official			Private		
(Please tick)						
Description of visit						
Category (Please tick)	ICAR/SAU		erving	Private	!	Foreigner
	2 2 2		l/State Govt./ nomous / PSUs	Visitor		SAARC/Others
Duration of stay	From:		То:			
Accommodation	Farmers Facilitation Trainees		Trainees			
Requested (Please tick)	Centre (4 beds, Accommod					
	Apartment type) Facility (3				ity (2 beds,	
A '11'			Apartment	type)	Apar	tment type)
Are you willing to share the room with	,	YES			N	NO
other guests (Please tick)	ILS			NO		
Total Number of						
persons						
Date:	Signature:					
	<u>I</u>					

To

The Director

Central Institute of Brackishwater Aquaculture 75, Santhome High Road, Chennai - 600028

Fax: 044-24610311; Email: director.ciba@icar.gov.in

For Official Use Only

	OIC, MES	Authorized Signatory
Room No.		
Available / Not available		
FromTo	for Persons.	
Recommended for 2/3/4 bedrooms		