

## The National Institute of Health and Family Welfare

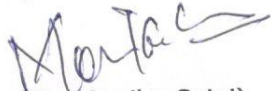
### CIRCULAR

Date: 17.08.2023

In order to formalize the booking process and to ensure the smooth functioning of the hostel, the following rules and regulations are being introduced with immediate effect:

1. Requisition for hostel accommodation and meals need to be submitted in the duly signed attached format to the Member Secretary, Hostel. (Annexure-1 & 2)
2. After submission of the aforementioned requisition forms, the concerned Coordinators / Co-Coordinators / Course Associate are required to collect the food coupons from Member Secretary, Hostel, one-day prior to the training course/academic event. The responsibility for distribution of the food coupons lies with the Coordinator / Co-Coordinators / Course Associate.
3. Lunch, Dinner and High Tea will be served at the designated places: (a) Cafeteria 1 & Cafeteria-2, Teaching Block (b) Dining areas of International / Old Hostel
4. GST will be charged on the room rent (12%) and food services (5%).

This issues with the approval of Director.

  
(Dr. Monika Saini)  
Chairperson, Hostel

Copy to:

1. All faculty and Staff
2. PA to Director
3. PA to Dean/DDA
4. I/c Computer Centre to upload on the website

**Annexure-1**

**The National Institute of Health and Family Welfare**

**REQUISITION FORM**

(Breakfast/Lunch/Dinner/Hi-Tea & Tea)

Name of Coordinator: - \_\_\_\_\_

Name of Training/Academic Event: - \_\_\_\_\_

Funded by: - 1.) Institute

OR

2.) MoHFW/External Agency

\*In case of MoHFW/External Agency, Kindly give details

\_\_\_\_\_

Copy of the Circular (Check the box, if attached)

**Meals Required: -**

<b>Sr. No.</b>	<b>Meal Details</b>	<b>Date &amp; Timing</b>	<b>Qty / Number</b>	<b>Location</b>	<b>Remark</b>
<b>1.</b>	Breakfast				
<b>2.</b>	Tea+ Snacks / High Tea (Morning)				
<b>3.</b>	Lunch				
<b>4.</b>	Tea + Snacks / High Tea (Evening)				
<b>5.</b>	Dinner				
<b>6.</b>	Water Bottles required				

(Strike off the Rows & items, if not required)

Signature.....

Name of Officer/ Coordinator.....

Contact Number.....

Date.....

**To,  
Member Secretary (Hostel)**

**The National Institute of Health and Family Welfare**

**REQUISITION FORM – HOSTEL ROOM BOOKING**

Name of Coordinator: - \_\_\_\_\_

Name of Training/Academic Event: - \_\_\_\_\_

Funded by: - 1.) Institute

OR

2.) MoHFW/External Agency

\*In case of MoHFW/External Agency, Kindly give details

Copy of the Circular (Check the box, if attached)

Dates of the training/academic event:

From \_\_\_\_\_ To \_\_\_\_\_

**Rooms Required: -**

Sr. No.	Room Detail	From	To	Nos. of Night	Nos. of Room Required	Remark
<b>A.</b>	<b>International Hostel*</b>					
<b>1.</b>	Room (Double Bed)					
<b>2</b>	VIP Room (Double Bed)					
<b>B</b>	<b>Old Hostel*</b>					
<b>1.</b>	Room (Single Bed)					
<b>2</b>	Room (Double Bed)					

(Strike off the Rows & items, if not required)

Signature.....

Name of Officer/ Coordinator.....

Contact Number.....

Date.....

**To,  
Member Secretary (Hostel)**