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) Dinning 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
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: -

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

(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: -

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Room Detail</th>
<th>From</th>
<th>To</th>
<th>Nos. of Night</th>
<th>Nos. of Room Required</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td><strong>International Hostel</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Room (Double Bed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>VIP Room (Double Bed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td><strong>Old Hostel</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Room (Single Bed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Room (Double Bed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature.................................

Name of Officer/ Coordinator.................................

Contact Number.................................

Date.................................

To,

Member Secretary (Hostel)