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)
Annexure-2

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>International Hostel*</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>Old Hostel*</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)