

## NATIONAL CENTRE FOR PHYSICS

## HOSTED RESEARCHERS

## **ACCOMMODATION REQUEST PROFORMA**

## PART-I (to be completed by Applicant Hosted Researcher):

Name of Hosted Researcher:	Date of Application:
Registration No. #:	NCP ID Card No
Department at NCP:	Date of Expiry of Stay at NCP as per ToRs:
Parent University/Institute/Orga	$(Tick):$ Local $\Box$ or Outstation $\Box$
Name/Address of Parent University/Institute/Organization of Hosted Researcher:	
Accommodation required with e	effect from: (date): to
Contact Phone Nos. Cell:	Res Lab Ext
Have you submitted security pro	oforma with police verification? YES $\Box$ NO $\Box$
Signature of Applicant Hosted	l Researcher:
Recommendation of Concerned Director for Validity of Request/Period:	
PART-II (for Official Use): Action by CAAD Hosted Researchers Branch:	
Registration entries are correct w.r.t. CAAD Record:YESNOIPolice verification proforma has been received & submitted to PSO (GM Admin):YESNOIAccommodation Type Applicable (Please tick the appropriate):	
- Shared Room for Hosted Student	ellows, Post Doc Fellows/Adjunct Faculty/ Visiting Scientists/Researchers)
Signatures: JE CAAD:	Manager/GM A&IA:
Director CAAD	
(Case forwarded to Estate Branch for needful) PART-III (for Official Use): Action by NCP Administration (Estate Branch):	
	tted as per SOP:, total rooms allotted
	for (Students) Available $\Box$ Not Available $\Box$
Signatures: J.E Estate:	AM/Manager Estate: GM Admin Director Admin:
PART-IV (for Official Use): Action by NCP Administration (Estate Branch):	
1. Possible Action: Room No	in BoQs / MoQs has allotted.
2. Duration of Allotment:	w.e.f to
3. Request Prioritized and held	l for provision of Room on Priority No.:
Signatures: AM/Manager Esta	ate:
4. Advance Room rent paid vi	des Challan No dated:
Signatures: Caretaker's Applicant's Signature:	
5. Copy to NCP Finance Branch for intimation, please.	