

NATIONAL CENTRE FOR PHYSICS HOSTED RESEARCHERS

ACCOMMODATION VACATION 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 Ex	piry of Stay at NCP as per ToRs
Period of Stay: w.e.f.	to
Contact Phone Nos. Cell:	Res Lab
Registered University/Institute/Organization:	
Hostel Type: (MOQ / BOQ):	Room No
Signature of Concerned Director/DG:(with date)	
PART-II (for Official Use): Action by A&IA Branch-CAAD:	
JE (A&IA): Manager/GM A&IA: (to vet above registration contents of Hosted Researcher)	
Director CAAD (to forward the application to Finance Department)	
PART-III (for Official Use): Action by Finance Branch:	
Hostel Charges paid till:	
Dues pending (if any):- No of Months:	Amount:
Signature JA/JE Finance: M	anager Finance:
PART-IV (for Official Use): Action by Estate Branch:	
1. Remarks of Caretaker to indicate breakage/damage/missing items in Room(if any):	
2. Signature of Caretaker:	Signature of JA/JE Estate:
3. Signature Manager/GM Estate:	Signature GM Admin:
1 Director Admin.	

 $\underline{Note} : Copy \ to \ Finance \ Branch \ \& \ CAAD \ (A\&IA \ Branch) \ for \ record, \ please.$