



**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/Organization (Tick): Local or Outstation

Name/Address of Parent University/Institute/Organization of Hosted Researcher:

Accommodation required with effect from: (date): _____ to _____

Contact Phone Nos. Cell: _____ Res. _____ Lab Ext. _____

Have you submitted security proforma with police verification? YES NO

Signature of Applicant Hosted Researcher: _____

Recommendation of Concerned Director for Validity of Request/Period: _____

PART-II (for Official Use): Action by NCP Administration (Estate Branch):

No. of BoQs/MoQs Rooms allotted as per SOP: _____, total rooms allotted _____, space available for _____ Available Not Available

Signatures: J.E Estate: _____ AM/Manager Estate: _____ Director Admin: _____

PART-III (for Official Use): Action by CAAD Hosted Researchers Branch:

Registration entries are correct w.r.t. CAAD Record: YES NO

Police verification proforma has been received & submitted to OC FSSU: YES NO

Accommodation Type Applicable (Please tick the appropriate):

- Single Room for Hosted TWAS fellows, Post Doc Fellows/Adjunct Faculty/ Visiting Scientists/Researchers)
- Shared Room for Hosted Students (three per room for Student Internees, M.Phil or MS)
- Shared Room for Hosted Employees (two per room for Senior Internees shared with local PhD Students who are employees)

Signatures: JE CAAD: _____ **Director CAAD:** _____

(Case forwarded to Estate Branch for needful)

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 for provision of Room on Priority No.: _____

Signatures: AM/Manager Estate: _____

4. Advance Room rent paid vides Challan No. _____ dated: _____

Signatures: Caretaker's _____ Applicant's **Signature:** _____

5. Copy to NCP Finance Branch for intimation, please.