APPLICATION FOR ACCOMMODATION AT JAWAN BHAVAN (SAINIK REST HOUSE)

From

Status : Serving / Retired

Service No. : ……..

ID card No. : ……

Rank : ……..

Name : ……..

Address : ……..

……...

……...

Mob No. :

Email ID :

Category	Rent per day
Suite double bed room	
Serving personnel	900
Retired personnel	600
Family double bed room	
Serving personnel	700
Retired personnel	500
Advance payment - one day rental charge	
Account Name:	Jawan Bhavan
Account Number:	60009213593
IFSC Code:	IDIB0PBG001
Bank Name	Puduvai Bharathiar Grama Bank

To

The Director,
Department of Sainik Welfare, Puducherry
Mob No - 9025889826
Email ID - sainik@py.gov.in

Sir,

I hereby request that my self / my dependents may be permitted to stay at Sainik Rest House, Puducherry Date from ……ETA……Date to …… ETD …… (Check in time starts from 0900 AM to 0900 AM of following day) (Maximum 3 days) along with following dependent family members : Enclosed Dependent ID Proof

Sl.No.	Name	Relationship	Age	Martial status
1				
2				
3				
4				
5				
6				

Purpose of visit: Medical / Children Education / Official / Personal

During my stay in Sainik Rest House I affirm that I will abide by the laid down rules and Regulations. The copy of ID proof of all members enclosed.

For serving personnel
Counter singed by Officer i/c

Yours faithfully,

Date:

……

FOR OFFICE USE

Paid	UPI ID	Date	Receipt	Amount
Adv				
Bal				
Ext				
Total				

No. of days	:	
Room allotted	:	
Rent per day	:	Rs.

Guest Room i/c

Office Superintendent

Director,
Department of Sainik Welfare