FORM – B
ACCOMMODATION FORM

Full name (in capital): _____

Mailing address: _____

Tel .No: (Res) _____ (Off:) _____ Fax: _____

e-Mail: _____

Accommodation: Required ☐ Not Required ☐

Choice of accommodation _____
(Type A, B, C & D)

Tariff rates in Rs: Type A : 1500 - 2500 Type B : 1000 -1500
Type C : 500 -1000 Type D : 250 - 500

Number of persons accompanying the delegate: _____

Number of rooms required for the delegate: _____

Dates for which room is required 26.12.06 ☐ 27.12.06 ☐ 28.12.06 ☐

(Please tick in the boxes as per your choice) 29.12.06 ☐ 30.12.06 ☐

Amount of accommodation advance paid: Rs _____

D. D. No. _____ Date _____ Amount _____

Bank Details _____

(A minimum of Rs. 1,000/- should be sent to the Treasurers, 54th NATCON of ASI 2006 as advance for accommodation before 30.09.06 failing which requests for booking of accommodation will not be entertained)

Signature of Delegate _____

Note: For the purpose of convenience you are requested to pay the balance amount of your accommodation charges for all the days of your stay here at the accommodation counter in the conference venue of A.I.M.S on the first day of the conference during registration.