

**OFFICE OF THE MEDICAL SUPERINTENDENT
GURU TEG BAHADUR HOSPITAL, SHAHDARA
(GOVT. OF NCT OF DELHI)**

Application form for allotment of conference room (Ground floor Library Block 1st Floor OPD Block)

1. Name of the Applicant : _____
2. Designation : _____
3. Name of Department : _____
4. Date on which the Hall is required : _____
5. Anticipated Number of Persons : _____
6. Name of Hall required i.e. Ground Floor : _____
(Library Bldg.) /1st Floor (OPD Block)
7. Contact Number : _____

Purpose: _____

Signature of Applicant _____

Name (in block letters): _____

Designation: _____

Note:

1. Eatable are not allowed inside the hall.
2. Any damage to the property i.e. Chairs, Sofas or any other items will be the sole responsibility of the applicant. Applicant must check the hall before function Recovery of damages will be made against applicant if any.
3. No stickers or posters are allowed inside or outside the hall, Rupees 1000/- will be fined for violation.

Declaration:

I will abide by all rules & regulations. I will be fully responsible for any damage.

Date: _____

Signature
Name of Applicant

Recommendation of HOD/Section In-charge:

Recommendation of Principal for UCMS Staff:

MEDICAL SUPERINTENDANT