

APPLICATION FOR BOOKING OF ICF KALYANA MANDAPAMS

Affix a passport size photograph of the person for whom function is being conducted. The applicant should sign across the photograph.

To Secretary
Sir kindly arrange to allot ICF Kalyana Mandapam in my favour for conducting function as detailed below:

1	Name of the applicant (in BLOCK LETTERS)	
2	Emp No	
3	Designation	
4	Unit / T.No	
5	Date of retirement	
6	If applicant is a serving or retired railway employee <u>other than from ICF</u> , specify	
7	Residential Address Mobile No (Compulsory)	
8	The function for which the ICF Kalyanamandapam is required for (Tick in the appropriate box)	<p align="center">Mobile No</p> <ul style="list-style-type: none"> a. Marriage / Reception b. Betrothal c. Upanayanam d. Ear Boring function e. Seemantham (Valaikaapu) f. Naming function g. 60th or 80th birthday function h. Others
9	Name and Age of the person in respect of whom the function is being held	Age:
10	Relationship of the person with the applicant for whom the function is being held (Tick the appropriate box)	<ul style="list-style-type: none"> 1. Self 2. Wife 3. Daughter 4. Son 5. Sister 6. Brother 7. Parent
11	a) Whether the above person is a dependent as defined in pass rules. b) If not covered under pass rules whether copy of ration card is enclosed as proof.	<p>Yes/No</p> <p>Yes/No</p>

12	Marriage hall is required for	One day	From 14.00 hours on _____ (date) To 14.00 hours on _____ (date)
		Two days	From 14.00 hours on _____ (date) To 14.00 hours on _____ (date)

DECLARATION

I hereby declare that the above particulars are true to the best of my knowledge and belief. I understand that if any of the details given above are found to be false at a later date, I am liable to be taken up under D & A Rules and the allotment is liable for cancellation at any time without assigning any reason whatsoever. I will bear the cost of breakage/damage or any other loss, caused during the conduct of the above function to the properties of ICF Kalyana Mandapams.

I have read the instructions, terms & conditions with regard to allotment of the ICF Kalyanamandapams and understood the same and I will abide by the said rules and regulations. As an ICF/Railway employee I assure that, in case, after completion of function, total deductions exceed the security deposit remitted at the time of booking the Hall, I agree for recovery of excess amount of deductions from my salary/settlement dues.

Yours faithfully,

Place :
Date :

(Signature of the applicant)

- a. Certified that the above applicant is/was working in office/shop as _____ with Emp.No _____
- b. Certified that the name of _____ has been included as dependent in the pass declaration given by the applicant as his/her _____ (Relationship).

Signature of Supervisory Official/
Railway Gazetted Officer with seal

Place :
Date :