

**APPLICATION FORM
FOR BOOKING OF ROOM IN THE
REGIONAL TRAINING INSTITUTE (RTI) HOSTEL AT
A.G. COLONY, BAJAJ NAGAR
JAIPUR.**

Phone: 0141-2704709

[To be sent to O/o the DG, RTI, Jaipur by E-mail: rtijaipur@cag.gov.in]

1. Applicant's Name: ----- Designation: -----
2. Name of the Office: -----
3. Office Address: -----
Mobile No. -----
4. Residential Address: ----- E-mail: -----
5. Period of Booking: From ----- (-----AM/PM) To ----- (-----AM/PM)
6. Purpose of Visit: Official / Private
7. Total No. of Visitors: -----
{Self/Dependent Family Members/Close relatives (Total No. of Adult: ----- & No. of Children -----)}
8. No. of Rooms required: -----
9. Visitor's Name and Relationship: -----

10. Document to be tendered for establishing ID of Visitor:
11. Mode of Payment: By Cash / Bharat Kosh

DECLARATION BY THE APPLICANT

I certify that the information given above is correct and nothing is concealed. I shall abide by the prescribed rules/orders/terms and conditions for stay in the RTI Hostel.

Date: -----

Place: -----

(Signature of the applicant)

Note: Requests submitted at least 5 days in advance in the requisite form will only be entertained. Rooms will be allotted only for Self / Dependent Family Members / Close Relatives of IA&AD staff and officers only in normal course.

(Rooms will be provided subject to availability depending upon scheduled courses)