## The Employees' Trust Fund Board

## Rajarata Shramabimani Holiday Bungalow

## Application form for reservation of rooms

(For outsiders of the Board)

1.	Name:										
2. Address:-											
3. National Identity Card No.:-											
4.	_	ione Nos.: Of	fice :		Mo						
6.	From Number	er of dates requested. Moreon Date Moreon Moreon Moreon Requested to the control of the control of persons to the control of the contro	ired for boothuired :	ungalow:	 reservati to I	on : DateMonth	ıYear				
	Serial No.	Name	Age	N.I.C. No.	Serial No.	Name	Age	N.I. No.			
8.		s paid for reservipt No. if reserv						1			
Date Amount						Rs.		_			
*		reservation for it slip concern		-			of the ca	ash			
I cer	tify tha	t the foregoin	g facts a	are true a	and cor	rect.					
Date	Date Signatu					nature of A	pplicant	••••			

I certify that the above room reservation fees were duly accepted/deposited in the bank and rooms have been reserved as follows:-

No of mooney						
No. of rooms:-	1	2	3	4		
		•••••	• • • • • • • • • • • • • • • • • • • •			
Date		Signature of Chairman / Secretary				