

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Requisition for Hospitality for meeting on \_\_\_\_\_

1. Name of the Event/Meeting/Seminar/ \_\_\_\_\_  
\_\_\_\_\_
2. File No. of approval of proposal \_\_\_\_\_ (copy of the meeting notice to be enclosed)
3. Purpose of the Event/Meeting/Seminar \_\_\_\_\_  
\_\_\_\_\_
4. Event proposed/organized by : \_\_\_\_\_
5. Date of Event/Meeting/Seminar etc. from \_\_\_\_\_ To \_\_\_\_\_
6. Type of Hospitality required for Tea + Biscuit/water//high tea/lunch/dinner  
\_\_\_\_\_
7. Time of Serving Tea/Lunch from \_\_\_\_\_ To \_\_\_\_\_
8. Venue (Canteen/Committee Room/AYUSH Auditorium (Please specify \_\_\_\_\_
9. Expected Number of participants for the event/meeting/seminar \_\_\_\_\_
10. Expected cost with the budget of Rs. \_\_\_\_\_ per person with the budget of Rs. \_\_\_\_\_
11. Name of Indenter with Designation \_\_\_\_\_ Signature \_\_\_\_\_
12. Approval for the Head of expenses is to be fulfilled by Indenter.

Signature of Indenter with designation

**Countersigned**

Dy. Director General  
(for techn. Meeting)

Dy. Director (Admn)  
(for Admn. Meetings)

**For Canteen Use only**

Requisition received for Dated \_\_\_\_\_ Time \_\_\_\_\_ Remarks \_\_\_\_\_

Signature