

**Booking/Reservation through the email :- [communityhall@jipmer.edu.in](mailto:communityhall@jipmer.edu.in)**

**JAWAHARLAL INSTITUTE OF POST-GRADUATE MEDICAL  
EDUCATION AND RESEARCH, PUDUCHERRY – 605 006**

**PH:0413-2296630**

**COMMUNITY HALL**

**DATE :**

**APPLICATION FORM FOR THE ALLOTMENT OF COMMUNITY HALL**

- 1.NAME OF THE APPLICANT :
- 2.DSIGNATION & STAFF NO. :
- 3.DEPT. /SECTION /UNIT :
- 4.RESIDENTIAL ADDRESS :
- 5.PHONE/MOBILE NUMBER :
- 6.DATE OF JOINING IN THE INSTT. :
- 7.IF RETIRED PENSION NO. :
- 8.PURPOSE OF APPLICATION :
- 9.REQUEST FOR SELF/DEPENDENT :
10. IF DEPENDENT, NAME & AGE :
- 11.DATE & TIME OF FUNCTION :
- 12.NO. OF DAYS REQUIRED :
- 13.TYPE OF FUNCTION :
- 14.REQUIRED PLACE OF THE COM. HALL :
- A)M.P HALL, KITCHiEN & DINING HALL : YES / NO
- B)CONFERENCE HALL : YES / NO
- C)DORMITARIES : YES / NO

**I Agree to abide by the rules and instructions of the  
Community Hall.**

**Forwarded by:**

**SIGNATURE OF THE APPLICANT**