То								
The Director (DA	IC)							
Department of	Social Justice a	nd Empowerment						
Dr. Ambedkar I								
15, Janpath, Ne								
Subject : Allotment of for(purpose)	accommodati	on in Dr. Ambe	dkar Interna	tional	Centre (DAI	C). 1	5 Janpath ,New Delh	
						*******	************	
The following accommoda	tion my please	be allotted in Dr. A	Ambedkar Inte	ernatio	onal Centre (DA	AIC),1	5 Janpath, New Delhi:	
1. Occasion:	• ••							
2. Date and duration:								
3. Dignitary details:								
 Application Category 								
Approximate No. o								
Accommodation Re							O till and for	
Accommodation	BHIM	NALANDA	SAMRASTA		Outside area		Outside area for dining purpose	
(Please tick the	(700 seats	(100 seats Auditorium-1)	(100 sea Auditorium-		not for dining purpose		diffing purpose	
appropriate box)	Auditorium)	Auditorium-1)	Additorium	-2)	purpose			
Date(s)					ix =			
(Please specify)	190	2						
Round Table Conference	Round Tabl	e Conference	Round Tabl	e Cor	nference	1/2//5/55	nd Table	
Room		Room No. II having seating			Room No. III having seating		Conference Room No. III	
No. I having seating	I having seating capacity of 14 persons		capacity of 23 persons		rsons	having seating capacity		
capacity of 22 persons						of 60 persons		
A 6	First Floor F	First Floor Foyer Area			nina/Exhibition	n Hall(1 St Floor)*		
Atrium	1 1131 1001 1	First Floor Foyer Alea		VII Billing, Extinction			, really	
7. Host of conference (plea					Private/NGO*			
Government	PSU/Autonom	PSU/Autonomous bodies			Private/NGO			
		*						
*Photo ID of the person re	questing the bo	oking required to	be submitted.)				
3. We/ this Ministry/ Dep	partment agree	to abide by term	ns and condit	ions (governing allot	ment	of accommodation in	
D- Ambadkar Internation	anal Centre (DA	AIC)						
Dr.Ambedkar Internation	0	n account of renta	al charges ald	ong w	ith applicable t	ax is	sent herewith through	
cheque /DD/Electronic 10. Detailed Scheduled of	mode.	o is attached/will	he submitted	hefore	e the start of pr	ogran	n.	
10. Detailed Scheduled of	the programm	e is attached/will	be subilities	201010	o and o common pro-	- 3		
							1001 12 1012 2 22	
							Yours faithfully,	
							(Signature with seal)	
							(9	
(To be signed by Joint Se	cretary/Head	of the Departmen	t/ Institution	or eq	uivalent office	er)		
Name of the signing autho	rity:	A						
Designation:		Telephone	No:					