North Zone Community Halls Booking Form

• Fields Are Mandatory

| Booking Type* | □ Advance □ Regular | | | |
|--|---|---|--|--|
| Hall Name* | □ Utran Community Hall □EWS Awas H-1 Community Hall □EWS Awas H-3 Community Hall □EWS Awas H-5 Community Hall □Vastadevdi Community Hall& Party Plot □Bharimata Community Hall □ Singanpore Multipurpose Community Hall | | | |
| Program Type* | □ Educational/ Samajik Sanskrutik Karyakram (શૈક્ષણિક/ સામાજીક સાંસ્કૃતિ કાર્યક્રમ) | □ Religious Lectures (ધાર્મિક વચન) | □ Seminars (સેમીનાર) | |
| | □ Marriage/ Reception (લગ્ન / સ્વાગત) | □ Business Purpose (બિઝનેસ હેતુ) | □Shok Sabha (Without Food & Breakfast) શોક સભા (ફુડ એન્ડ બ્રેક ફાસ્ટ વગર) | |
| | □ Annual Meeting (Without Food & Breakfast) વાર્ષિક મીટીંગ (ફુડ એન્ડ બ્રેક ફાસ્ટ વગર) | □Registered Working For Public Purposes Public Trusts, Associations (હેતુઓ માટે કામ કરતા રજીસ્ટર્ડ જાહેર ટ્રસ્ટ એસોસિએશનો) | | |
| Booking Date* | | | | |
| Floor* | ☐ Ground Floor | □First Floor(If Avail | lable) | |
| Name Of Organization | | | | |
| / Applicant* | | | | |
| | (Cheque For Refund Of Deposit If Any Will Be Issued In Above Name Only) | | | |
| Responsible Person* | | | | |
| Identity Card No.* | | | | |
| Tan No. | | | | |
| Gst No. | | | | |
| Address For Communication* City* | | | | |
| State* | | | | |
| Email Id* | | | | |
| Phone No.* | | | | |
| Mobile Number* | | | | |
| MICR CODE* | | | | |
| BANK ACCOUNT NO* | | | | |
| IFSC CODE* | | | | |

Responsible Person Sig.

Note:

- 1. For Booking Within 15 Days, The Payment Must Be Mande In Cash Only.
- 2. Advance Booking To Be Considers As 151 Days Or More And Regular Booking
- 3. Consider Within 150 Days.

North Zone Utran Party plot Booking Form

• Fields Are Mandatory

| Booking Type* | □ Advance □ Regular | | |
|----------------------------|--|--|-----|
| Hall Name* | ☐ Utran Party plot | | |
| Program Type* | □ Educational Organization Cultural Program(Under SMC) શૈક્ષણિક સંસ્થાઓ સાંસ્કૃતિક કાર્યક્રમ(હેઠળ એસએમસી) | □ Organization or person for other purposes અન્ય હેતુઓ માટે કામ કરતી સંસ્થા /વ્યક્તિ / | |
| | | | |
| Booking Date* | | | |
| Floor* | ☐ Ground Floor ☐ | ⊒First Floor(If Availabl | le) |
| Name Of Organization | | <u> </u> | |
| / Applicant* | | | |
| | (Cheque For Refund Of Deposit If Any Will Be Issued In Above Name Only) | | |
| Responsible Person* | | | |
| Identity Card No.* | | | |
| Tan No. | | | |
| Gst No. | | | |
| Address For Communication* | | | |
| City* | | | |
| State* | | | |
| Email Id* | | | |
| Phone No.* | | | |
| Mobile Number* | | | |
| Micr Code* | | | |
| Bank Account No* | | | |
| Ifsc Code* | | | |
| | I | | |

Responsible Person Sig.

Note:

- 1. For Booking Within 15 Days, The Payment Must Be Mande In Cash Only.
- 2. Advance Booking To Be Considers As 151 Days Or More And Regular Booking
- 3. Consider Within 150 Days.