

North Zone Utran Party plot Booking Form

• Fields Are Mandatory

Booking Type*	<input checked="" type="checkbox"/> Advance <input type="checkbox"/> Regular		
Hall Name*	<input checked="" type="checkbox"/> Utran Party plot		
Program Type*	<input type="checkbox"/> Educational Organization Cultural Program(Under SMC)	<input checked="" type="checkbox"/> Organization or person for other purposes	
	શૈક્ષણિક સંસ્થાઓ સાંસ્કૃતિક કાર્યક્રમ(હેઠળ એસએમસી)	અન્ય હેતુઓ માટે કામ કરતી સંસ્થા /વ્યક્તિ /	
Booking Date*	DD/MM/YYYY		
Floor*	<input checked="" type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor(if Available)		
Name Of Organization / Applicant*	ABC XYZ OPQ		
	(Cheque For Refund Of Deposit If Any Will Be Issued In Above Name Only)		
Responsible Person*	ABC XYZ OPQ		
Identity Card No.*	XXXX XXXX		
Tan No.			
Gst No.			
Address For Communication*	A-1, SHYAM APPT., UTRAN		
City*	SURAT		
State*	GUJARAT		
Email Id*	KIRTI ***@****		
Phone No.*	12345678		
Mobile Number*	99999 ****		
Micr Code*	39501 **		
Bank Account No*	012345 **** ** 11		
Ifsc Code*	SBIN0 ****		

**Responsible Person
Sig.**

Note:

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

North Zone Community Halls Booking Form

• Fields Are Mandatory

Booking Type*	<input checked="" type="checkbox"/> Advance <input type="checkbox"/> Regular		
Hall Name*	<input checked="" type="checkbox"/> Utran Community Hall <input type="checkbox"/> EWS Awas H-1 Community Hall <input type="checkbox"/> EWS Awas H-3 Community Hall <input type="checkbox"/> EWS Awas H-5 Community Hall <input type="checkbox"/> Vastadevdi Community Hall & Party Plot <input type="checkbox"/> Bharimata Community Hall <input type="checkbox"/> Singapore Multipurpose Community Hall		
Program Type*	<input type="checkbox"/> Educational/ Samajik Sanskrutik Karyakram (શિક્ષણિક/ સામાજિક સંસ્કૃતિ કાર્યક્રમ)	<input type="checkbox"/> Religious Lectures (ધાર્મિક વચન)	<input type="checkbox"/> Seminars (સેમીનાર)
	<input checked="" type="checkbox"/> Marriage/ Reception (લગ્ન / સ્વાગત)	<input type="checkbox"/> Business Purpose (વિજ્ઞાન હેતુ)	<input type="checkbox"/> Shok Sabha (Without Food & Breakfast) શોક સભા (ફૂડ એન્ડ બ્રેક ફાસ્ટ વગર)
	<input type="checkbox"/> Annual Meeting (Without Food & Breakfast) વાર્ષિક મીટીંગ (ફૂડ એન્ડ બ્રેક ફાસ્ટ વગર)	<input type="checkbox"/> Registered Working For Public Purposes Public Trusts, Associations (હેતુઓ માટે કામ કરતા રજીસ્ટર્ડ જાહેર ટ્રસ્ટ એસોસિએશનો)	
Booking Date*	DD/MM/YYYY		
Floor*	<input checked="" type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor (If Available)		
Name Of Organization / Applicant*	ABC XYZ OPQ		
	(Cheque For Refund Of Deposit If Any Will Be Issued In Above Name Only)		
Responsible Person*	ABC XYZ OPQ		
Identity Card No.*	XXXX XXXX		
Tan No.			
Gst No.			
Address For Communication*	A-1, SHYAM APPT., UTRAN, SURAT		
City*	SURAT		
State*	GUJARAT		
Email Id*	KIRTI@*****		
Phone No.*	12345678		
Mobile Number*	99999 99999		
MICR CODE*	39501**		
BANK ACCOUNT NO*	012345*****11		
IFSC CODE*	SBIN0***		

Responsible Person
Sig.

Note:

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