NOTE

IF YOU WILL NOT GET CONFIRMATION THROUGH RETURN MAIL WITHIN 48 HOUR'S THEN PLEASE PRESUME THAT ACCOMMODATION IS NOT AVAILABLE

REQUISITION FOR ACCOMMODATION AT SAINIK BHAWAN, SRINAGAR- (J&K)

PERMISSIBLE STAY AT SAINIK BHAWAN SRINAGAR IS JUST FOR - 03 (THREE) DAYS & 03 (THREE) NIGHTS ONLY

1. The following information for booking at our Sainik Bhawan, Srinagar is furnished as under:-

(a)	Service No	F	Rank	
(b)	Name			
(c)	Aadhar Card No (Self)			_(copy to be attached)
(d)	Category		_(Officer / JCO / OR / Dep	endent / Civilian Officer's)
(e)	Home address / Unit / Formation address			
(f)	Mobile No (Self)			
(g)	Emergency Mobile No at Home			
(b)	E-mail ID :			
(j)	Check-in- date			
(k)	Check-out- date			
(I)	Number of visitor's			
(m)	Number of Room's required			
(n)	Details of dependent's / other member's with relation:-			
		-		
(Rela	tion)	(Relation)
(Rela	(Relation)		(Relation)
(Rela	tion)	-)	(Relation)

- 2. Identity Proof is to be attached: Aadhar / Driving Licence / Election Card etc.
- 3. Booking Purpose _____
- Signature of the Primary Applicant:-

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<u>SOP</u>

STANDING OPERATING INSTRUCTION AT YOUR SAINIK BHAWAN (SRINAGAR) FOR VISITOR'S/GUESTS

- (a) Your Sainik Bhawan Srinagar is totally polythene free zone area. Polythene is prohibited in the Sainik Bhawan.
- (b) No catering /Room Service inside Sainik Bhawan Srinagar. However, you may order your food from outside at your own and have it at First Floor of the Sainik Bhawan (Restaurant bearing No-101).
- (c) Google link /Location of your Sainik Bhawan may be seen at our website www.sainikwelfarejk.nic.in
- (d) Main gate of your Sainik Bhawan (Srinagar) will be closed at sharp 2130hrs (due to security reasons).
- (e) No transport arrangements are made by the Sainik Bhawan staff. Visitors coming by air may get taxi at Srinagar Airport and who all are coming by road may get taxi at Tourist Reception Centre Srinagar (TRC).
- (f) Help line No of your Sainik Bhawan Srinagar is : 9419028862 / 0194-2474728.
- (g) Proper dress code has to be maintained inside the Sainik Bhawan (Srinagar).
- (h) Google location of your Sainik Bhawan Srinagar is : https://maps.app.goo.gl/B3apJqhmABioV71m7
- (j) Please send your booking request on our official mail id : zswosgr.11@jk.gov.in
- (K) Neat and Clean /Green / Polythene free zone Sainik Bhawan is the motto of your Team Sainik Welfare Srinagar so please co-operate with your Team Sainik Welfare (Srinagar).
- (I) Stay at Sainik Bhawan (Srinagar) is only 03 night's as per SOP of Sainik Welfare Deptt (Jammu and Kashmir).
- (m) No advance payment is being taken for booking at Sainik Bhawan (Srinagar).
- (n) Room rent will be as per night's stay at your Sainik Bhawan and not as per days. Please see rental charges on our website www.sainikwelfarejk.nic.in
- (0) Check in time will be after 12PM & Checkout time will be before 12 Noon at Sainik Bhawan.
- (p) Possession and consumption of liquor is totally prohibited in the premises of your Sainik Bhawan, (Srinagar).
- (q) Pre-paid mobile doesn't work in Kashmir due to security reasons. Please carry your postpaid mobile.
- (r) It has to be ensured that while leaving room during your stay all electric switches to be off / fans to be off and all water tabs must be also off.
- (s) Washing of clothes inside Sainik Bhawan (Srinagar) is totally prohibited.
- (t) In case of Serving/Ex-Serviceman/Widows/War Widow you have to show your identity card issued by the Defence. No photo copy neither will be asked nor you should give any photocopy of Defence identity at reception. However, copy of your Aadhar Card has to be handed over at reception as address proof.

" WE CARE"

Your Team Sainik Welfare, Srinagar (Jammu and Kashmir)

CERTIFICATE FROM THE APPLICANT / GUEST / DEPENDENTS/CIVILIAN OFFICER ETC

I, Sh / Mrs / Miss ________ hereby declare/consent that I, have read and understand all the instruction's in the guest requisition form and assure Sainik Welfare Deptt (JK) that I will follow all the instruction's in letter and spirit during our stay at Sainik Bhawan, Srinagar (Jammu and Kashmir).

Dated: _____

(Signature of the Applicant) Name: