

**NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)**  
**NAMS House, Ansari Nagar, Mahatma Gandhi Marg, New Delhi- 110029.**  
Telephone No. 01126588718, 01126588134, E-mail: [nams\\_aca@yahoo.com](mailto:nams_aca@yahoo.com)

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**Application Form for Booking of Smt. Kamla Raheja Auditorium &  
Prof. J.S. Bajaj Centre for Multi-professional Education**

1. Name of Member/Organisation \_\_\_\_\_  
\_\_\_\_\_
2. Communication Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_
4. Date on which Auditorium required \_\_\_\_\_
5. Timing FROM \_\_\_\_\_ TO \_\_\_\_\_
6. Purpose for which required \_\_\_\_\_  
\_\_\_\_\_
7. Number of Person expected \_\_\_\_\_
8. Name of Chief Guest (if any) \_\_\_\_\_  
\_\_\_\_\_
9. Is the event being organized in collaboration or \_\_\_\_\_  
Funding with some outside agency. \_\_\_\_\_  
(like Society/Association/Charitable Institutions/ \_\_\_\_\_  
or any other professional body) ? \_\_\_\_\_
10. Is delegate participants fees being charged from \_\_\_\_\_  
the Participants?
11. Is the function/event is CME/Workshop/Symposium \_\_\_\_\_  
Funded/approved by NAMS?
12. Brochure / website address of the event, if available \_\_\_\_\_
13. Have you read the Guidelines/Terms & Conditions Yes / No  
Formulated by the NAMS?

I/We have read and understood the guidelines for booking of the venues and catering, and undertake to fully comply with these guidelines. In case of non compliance, the booking will be cancelled & security money will be forfeited.

Yours faithfully,

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Name Capital Letters : \_\_\_\_\_

Name Capital Letters : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Designation : \_\_\_\_\_

Designation : \_\_\_\_\_

Full Address : \_\_\_\_\_

Full Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No./Mobile Number :

Telephone No./Mobile Number :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address, if any :

Email address, if any :

\_\_\_\_\_

\_\_\_\_\_

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Signature of Head of the Department/Institute

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Competent Authority

(Official Seal of the Office)

**Recommended by the Fellow of the Academy:**

Signature of the Fellow:

Name of the Fellow :

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**Booking Amount Detail** : [P.S. - Only after approval from NAMS Auditorium Booking Committee, full booking charges along with the security money must be deposited as per guidelines within a week time. Booking will be cancelled after a week and a fresh application will be required for booking.]

<u>Draft</u>	<u>Bank &amp; Branch Detail</u>	<u>DD Number and Date</u>
(i) Booking Amount	_____	_____
(ii) Security Amount	_____	_____

Signature of Head of the Department/Institute \_\_\_\_\_

Competent Authority

(Official Seal of the Office)