## APPLICATION FOR THE RESERVATION OF WEDDING HALL/AUDITORIUM STAFF WELFARE ORGANIZATION COMMUNITY CENTER, AABPARA ISLAMABAD

1.	Nan	ne (Capital letters)S/O D/O, W/O						
2.	Offi	ce where employed						
3.	C.N	C.N.I.C. No4. Designation (BPS)						
5.	Residential Address							
6.	Pho	ne No. OfficeResidence						
7.	ervation required (Please tick)							
	Wed	Iding Hall Auditorium						
8.	Purpose for which reservation is required							
9.	Whether the reservation is required for self or for dependent_ (If reservation is required for dependent please mention exact relationship with the dependent. In case of dependent a DEPENDENCY CERTIFICATE shall be provided as per rules).							
10.	Date	e of which reservation is required Time: Fromto						
11.	App	roximate No. of Participants  TERMS AND CONDITIONS						
	a)	Maximum two functions will be arranged in a day. The timing will be fixed with mutual						
	b)	consultation.  In case of tie between Federal Government Employee/their dependents and other preference in reservation will be given the former.						
	c)							
	d)	The allottee shall be responsible for maintaining decorum and will not allow any member of his party to commit any nuisance or cause any inconvenience to other allottee if any.						
<ul> <li>e) The allottee shall leave the premises in clean and tidy conditions.</li> <li>f) Any loss/damage caused by an allottee to the building, furniture, fittings, fixture etc. I Wedding Hall/ Auditorium shall be made good by the allottee. The Chief Welfar Incharge of the Wedding Hall will enter the damages in the register of Damage/Breadeduct the equivalent amount from the security, or in case of more loss/damage the sar recovered through respective department of the employee concerned, if not willing for</li> </ul>								
	g) The reservation charges if already deposited in treasury will not be refunded to the applicant any circumstances. However, new dated could be reserved if desired by the applicant subjective availability.							
	h)	No firing or fire work shall be allowed.						
	i)	Violation of the above rules will disqualify and debar the allottee for use of Wedding Hall/Auditorium for one year in addition to any other disciplinary or departmental action that may be taken against him/her.						
	j)	Additional charges are payable for use of Air conditioners and extra lights illumination is prohibited.						
	k)	Widow will produce a certificate from the office of the deceased employee that she has no other source of income except pension or shall provide an affidavit to this effect.						
Note	e: - I l	nave read the above terms and conditions and shall abide by the same.						
		SIGNATURE OF APPLICANT						
Cert	ified 1	hat all the particulars mentioned by the applicant have been verified and found correct						

Dated\_\_\_\_

SIGNATURE & SEAL OF HEAD OF DEPARTMENT OR AUTHORIZED OFFICER

## **DEPENDENCY CERTIFICATE**

off So wa Ce	nis is to certify that Mr./Miss./Ms	named Mr./MissPlease indic n of the Staff Welfare	ate) o	i of the applicanization, Co	s ant, mmı	real who inity
Da	nte	Signature				-
		Official Stamp				-
Pl	ease attached following documents:					
1.	Attested copy of CNIC of employee.					
2.	Attested copy of fresh Pay Slip of employee.					
3.	Attested copy of CNIC of Bride/Bridegroom.					

4. Endorsement of application both side from concerned office.

5. Submit reservation form within three days after issue date.