FOR EXAMPLE

Central Zone Community Halls Booking

Hall Name *						
пан мате	 □ Galemandi Community Hall □ Salabatpura Multipurpose Hall □ Sagarampura Community Hall 					
	(Without Kitchen)					
Program Type *	□ Educational/ Samajik Sanskrutik Karyakram (શૈક્ષણિક∕સામાજિક	□ Religious Lectures (ધાર્મિક વચન)	🗆 Seminars (સેમીનાર)	●□ Marriage/ Reception (લઞ્ગ/સ્વાગત)	🗆 Business Purpose (બિઝનેસ ફેતુ)	
	સાંસ્કૃતિક કાર્યક્રમ)					
	□Shok- Sabha(withou t Food & Breakfast) - શોક સભા(ફૂડ એન્ડ બ્રેકફાસ્ટ વિના/રસોડા વિના	□Annual Meeting (વાર્ષિક મીટીંગ)				
Booking Date *	DD/MM/YYYY					
Floor *	Ground Floor First Floor(Without Kitchen) Second Floor(Without Kitchen)					
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						
GST No.						
Address For Communication*	3/1588, RESHAMWAD, SALABATPURA, SURAT					
City *	SURAT					
State *	GUJARAT					
Email ID *	vasu1234@******					
Phone No. *	12345678					
Mobile Number*	(1) 990****99 (2) 85*****99					
Provide Bank Details for Refund Process if any						
MICR Code	395004***					
Bank Account Number	07500*****12					
IFSC Code	BARB0****					

Note:

- 1. For booking payment must be made in cash/DD/Credit-Debit Card/Pay Order.
- 2. Advance booking to be considered as 151 days or more and regular booking considered within 150 days.
- 3. All parties/organizers have to observe the SMC RULES.
- 3. Passbook Xerox compulsory with this form (for refund process).

Applicant Name & Signature