



VIVEKANAND MEDICAL RESEARCH TRUST

KAYA KALP

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RESERVATION FORM

Name: Mr./Mrs./Ms.....

Address:.....

.....

Date of arrival: Date of Departure:.....

Duration of Stay:.....

No. of Patients:

No. of Rooms/Beds:.....

Type of Accommodation:

Basera:..... Nilay: Niket:..... Ketan:.....

Tel. No:.....

Billing instruction: Cash: D.D:..... Cheque:.....

Date and time of Booking made:..... Received By:.....

-Signature-