

GOVERNMENT OF ODISHA
HOME DEPARTMENT

OFFICE ORDER

HOME-PROT-RA 0001/2024 41093 / RES, Bhubaneswar, Dated: 05-11-2024

Accommodation in Odisha Bhawan, Delhi is reserved in favour of the following persons which can be availed on payment of rent as noted below. If reservation is not availed or not cancelled by the Home Department, the allottee has to pay 50% of the rent otherwise payable. The allottees are request to share their feedback on their experience in the Bhawan using the link in the SMS received after check out.

Conveyance List

Sl No	Name , Designation & Address	During stay need Conveyance	Arrival	Departure
1	YB Khurania, IPS, D.G. & I.G. of Police (HoPF), Odisha, Home (Police), S.P. Headquarters, Odisha, Buxibazar, Cuttack	Yes	Flight/Train No :UK-788 at 2024-11-06 15:40:00 in IGI Airport T3	

N.B.(1) The reservation is subject to clearance of outstanding dues if any. (2) Valid for allottee only. (3) Any reservation is subject to cancellation/modification under unforeseen circumstances. (4) Check in at 9:00AM and Check out at 08.00 AM. (5) The Allottees are requested to produce their photo identity cards at the reception counter for identification. (6) Reservation status can be accessed in the Website <https://bhawan.homeodisha.gov.in> of Home Department.

P. Prish
05/11/2024
Under Secretary to Government

Memo No 41094 / RES Dated: 05-11-2024

Copy forwarded to the Manager, Odisha Bhawan, Delhi for information and necessary action.

P. Prish
05/11/2024
Under Secretary to Government

Memo No 41095 / RES Dated: 05-11-2024

Copy to allottees concerned/Additional Secretary, Home (Pro & Res) Deptt./Deputy Secretary, Home (Pro & Res) Deptt./Home (BE) Deptt./ NIC Co-ordinator for information and necessary action.

P. Prish
05/11/2024
Under Secretary to Government

GOVERNMENT OF OISHA

HEALTH DEPARTMENT

OFFICE

OFFICE

STAIN

1. Name of the person or organization: _____

2. Address: _____

3. City: _____

4. State: _____

5. Zip: _____

6. Telephone: _____

7. Fax: _____

8. E-mail: _____

9. Other: _____

10. Signature: _____

11. Date: _____

12. Title: _____

13. Organization: _____

14. Address: _____

15. City: _____

16. State: _____

17. Zip: _____

18. Telephone: _____

19. Fax: _____

20. E-mail: _____

21. Other: _____

22. Signature: _____

23. Date: _____

24. Title: _____

25. Organization: _____