

Sir Adamji Peerbhoy Sanatorium

15/17 Maharshi Karve Marg Next to Saifee Hospital, Mumbai 400 004 India.

Telephone: +91 - 022 - 67571260

FORM C, ARRIVAL REPORT

Sr. No.: _____

Booking Details

Date: _____

Booking ID: _____

Room: _____

CheckIn Date: _____ Time: _____

CheckOut Date: _____ Time: _____

Hotel Arrival Report

Name of the Visitor: _____

(In Black Capital, Surname First)

Nationality: Indian (Fill Section 'A')

Foreigner (Fill Section 'B')

(Fill in the details as per your Nationality)

Section 'A'

Adhaar Card Details: _____

(Number)

Pan Card Details: _____

(Number)

Present Address in India: _____

City: _____ Pin: _____ State: _____

Mobile: _____ Email-ID: _____

Passport Details

Section 'B'

Visa Details

Passport No.: _____

Visa No.: _____

Date of Issue: _____ Date of Expiry: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Date of Issue: _____ Date of Expiry: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Place of Issue: _____

Place of Issue: _____

Arrival Details

Arrival From Which Country: _____

Date of Arrival in India: _____
(dd/mm/yyyy)

Date of Departure to next Destination: _____
(dd/mm/yyyy)

Proposed Duration of Stay in India: _____

Place: _____

Other Details

Address in India (if any): _____

Whether employed in India: Yes / No

Dispatch Date of 'C' Form: _____
(dd/mm/yyyy)

Submit: _____
(dd/mm/yyyy)

Signature of Visitor

Manager Signature