

## भारतीय प्रौद्योगिकी संस्थान गुवाहाटी Indian Institute of Technology Guwahati Guwahati - 781 039

## REQUEST FOR GUEST HOUSE ACCOMMODATION

(FOR USE BY STUDENTS FOR THEIR PARENTS/ LEGAL GUARDIANS)

| Name(s) of the Visitor(s) : Male /Female :  |  |  |  |   |                                   |                                       |  |  |
|---|--|--|--|---|-----------------------------------|---------------------------------------|--|--|
| Age:  |  |  |  |   |                                   |                                       |  |  |
| Marital Status:   | lant   |  |  |   |                                   |                                       |  |  |
| Relationship with the Student   |  |  |  |   |                                   |                                       |  |  |
| Address(s) of the Visitor(s) (Please state contact phone no. / e-mail ID, if any)   |  |  |  |   |                                   |                                       |  |  |
| Purpose of visit<br>(Please attach copy of official   | al letter, if applicable)  |  |  |   |                                   |                                       |  |  |
| Date & Time of Arrival  |  | Date & Time of Departure   |  |   |                                   |                                       |  |  |
| Type of occupancy prefer (Please note that all rooms a  |  | Single (please   | / Double tick)   | e No. of rooms  |                                   | red *                                 |  |  |
| Remarks, if any:  |  |  |  |   |                                   |                                       |  |  |
|   |  |  |  |   |                                   |                                       |  |  |
|   | Signature of the Student with date   |  |  |   |                                   |                                       |  |  |
|   |  |  | Name of the Student :  |   |                                   |                                       |  |  |
|   | Roll No. : email ID  |  |  |   |                                   |                                       |  |  |
|   |  |  | Department/Centre:   |   |                                   |                                       |  |  |
|   |  |  | Hostel : Room No:  |   |                                   |                                       |  |  |
| Recommendation from   | Conta  | ct Phone N   | o. if any :  |   |                                   |                                       |  |  |
| Note:- Request for Guest working days before the ar be endorsed in writing / via accompanied by proper just Authority, as subject to a guardian/outstation spouse | rival of the guest, (b)<br><u>a e-mail</u> by parents/le<br><u>stification in writing a</u><br>vailability of rooms, | For other gal guar and consone rooming to an and consoning to an and an an and an | er than pare<br>dians,(c <u>)* fo</u><br>sideration o<br>om is consi<br>semi officia | nts/legal guar<br>or more than 3<br>f the same wi<br>dered for acc<br>l rate. | rdians/o<br>3 (three<br>ill be at | outstation<br>) nights /<br>the disci | spouse, the same must<br>1 (one ) room, must be<br>retion of the Competent |  |
|   |  | <u>For</u>   | official us  | <u>se</u>   |                                   |                                       |  |  |
| Room(s) allotted  | Room No(s).  |  |  |   |                                   |                                       |  |  |
| Period  | From to  |  |  |   |                                   |                                       |  |  |
| Category recommended  | Official / Semi-official / Semi-private / Private / Licence-fee-payee / Institute Guest                              |  |  |   |                                   |                                       |  |  |
| Office Note:  |  |  |  |   |                                   |                                       |  |  |
|   |  | _  |  | -   |                                   |                                       | authorized office staff  |  |
| Approval of the Competent Authority   |  |  |  |   | Date: _                           |                                       |  |  |