



REQUEST FOR GUEST HOUSE ACCOMMODATION

Name(s) of the Visitor(s) / Guest(s)																			
Designation(s) of the Visitor(s) / Guest(s), Department / Company affiliation & Address(s) with contact phone no./ e-mail ID, if any																			
Purpose of visit (Please detail and enclose copy of official letter(s), where applicable)																			
Date & Time of Arrival	____(DD)/____(MM)/____(YY), at:(Hrs):....(Mint.)																		
Date & Time of Departure	____(DD)/____(MM)/____(YY), at:(Hrs):....(Mint.)																		
Type of occupancy preferred (Please note that all rooms are double bedded)	Single / Double (please tick)	No. of rooms required																	
Source of Payment: 1. If Payment is from Department/Centre / Section, Please Mention the Head of Account 2. If Payment is from Project: Please Mention the Project No. 3. Self payment (By the Guest(s)) (Request for Guest House Accommodation must reach Establishment Section atleast one day before the last working day prior to arrival of the Guest. In case the purpose of visit is official, the indent must be countersigned by HoD/HoC/HoS and in case of project, the indent must be countersigned by Dean R&D)	Please (√) Tick the appropriate box(s) <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> Lodging <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> Boarding (Food and Beverages) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> Project No./Account Head (in case of 1 and 2): _____			1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Remarks, if any :	<div style="text-align: right; margin-top: 20px;"> _____ Signature of the Indentor with date Name : _____ Designation : _____ Department/Section/Centre : _____ Contact Phone No. / e-mail ID, if any : _____ </div> <div style="margin-top: 20px;"> _____ Countersignature of the concerned HOD/HOS/HOC (in case the purpose of visit is official) </div>																		

For official use

Room(s) allotted	Period		
Room No(s).	From:	To:
Category recommended	Official / Semi-official / Semi-private / Private / Licence-fee-payee / Institute Guest		

Office Note:

Approval of the Director / Dy. Director / Registrar

Signature of i/c Guest House
Date: