

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

FORM No.

REQUEST FOR GUEST HOUSE ACCOMMODATION

APPL/03		(FOR U	SE BY STU	DENTS FOR THEIR P	ARENTS/LEGAL (<u>GUARDIANS)</u>		
Name(s) of the Visitor(s): (Mention Gender / Age / Marital Status and relationship with the Student)			2.					
Address(s) of the Visitor(s) (Please state. / e-mail ID, if any)								
			Contact No		Email Id			
Purpose of visit (Please attach copy of official letter, if applicable)								
Date & Time of Arrival		Date of Dep			Type of occupancy preferred (Please note that all rooms are double bedded)		Single / Double (please tick)	
Remarks, if any :								
			Signature of the Student with date					
			Name of the Student :					
			Roll No. : Email ID					
			Department/Centre:					
			Hostel : Room No:					
Recommendation from Students' Affairs			Contact No :					
working days bet immediate guardi (c) as subject to a semi-official rate. exceptional cases	fore the arrival an (if parents a availability of ro (d) copy of off s, when parent arsed by paren	of the gues re deceased oms, one re icial Identity s cannot co ts (e) All to	st, (b) Gue d or incapa oom is cor y Card of g ome due t he inform	a) must be submitte est House will be ge acitated) and spouse nsidered for accomm guests must be subr to circumstances, im ation sought above ned	nerally provided to (in case of marn todation for a ma mitted at the time timediate siblings	only to immedia ied scholars) on ximum of 3 nigh e of submitting to may be permit	ate parents or ly once a year ts in a spell at his form (e) in ted with such	
			Fo	or official use				
Room(s) allotted Room No(s).								
Period	From	From to						
Category recomn	ategory recommended Official / Semi-official / Semi-private / Private / Licence-fee-payee / Institute Guest							
Office Note:					Cimpo	stura of outbouin	ad affice atoff	
Approval of the Co	mnetent Autho	nrity			Signa Date:	ature of authoriz	eα oπice staff	