



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

FORM No.
APPL/03

REQUEST FOR GUEST HOUSE ACCOMMODATION
(FOR USE BY STUDENTS FOR THEIR PARENTS/LEGAL GUARDIANS)

| | | | | | |
|--|--|------------------------------------|--|---|----------------------------------|
| Name(s) of the Visitor(s) : (Mention Gender / Age / Marital Status and relationship with the Student) | | 1. | | | |
| | | 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 & Time of Departure | | 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: _____ | | | |
| | | Contact No : _____ | | | |
| Recommendation from Students' Affairs | | | | | |
| Note: Request for Guest House accommodation – (a) must be submitted to Students' Affairs Section at least 5 (five) working days before the arrival of the guest, (b) Guest House will be generally provided only to immediate parents or immediate guardian (if parents are deceased or incapacitated) and spouse (in case of married scholars) only once a year (c) as subject to availability of rooms, one room is considered for accommodation for a maximum of 3 nights in a spell at semi-official rate. (d) copy of official Identity Card of guests must be submitted at the time of submitting this form (e) in exceptional cases, when parents cannot come due to circumstances, immediate siblings may be permitted with such request pre-endorsed by parents (e) All the information sought above must be duly filled or else request may be declined (f) request for any other guest is not entertained. . | | | | | |

For official use

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

Office Note:

Approval of the Competent Authority

Signature of authorized office staff

Date: _____