



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

REQUEST FOR BOOKING OF GUEST HOUSE CONFERENCE ROOM

Name of the Indentor	Prof./Dr./ Mr./ Ms:		
Department/Section/Centre			
Designation			
Date & Time of Booking	From		To
	Date		
	Time		
Is the meeting official?	Yes / No (Please ✓ mark)		
Purpose			
Whether charges are to be paid? (If yes, specify the source of payment / Head of Account)	Yes / No (Please ✓ mark)		
Whether tea, Coffee, Lunch, Dinner etc. required? (If yes, please specify nos. of participants)	Yes / No (Please ✓ mark)		

Signature of the Indentor with date

Name of the Indentor: _____

Counter signature of the Dean/HOD/HOS/HOC

Contact address with telephone No. / E-mail Id (if any):

For office use

Conference Room allotted	From		To
	Date		
	Time		
Source of Payment / Head of Accounts	No charges / As specified above by the Indentor		

Approval of the Director / Dy. Director / Registrar

Signature of AR (Estb.)

Date: _____

Copy to:

TA (House Keeping) : Requesting for necessary logistic arrangements