



डा. बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY JALANDHAR

Form-I

Ref.No.NITJ/.....

Dated.....

GUEST HOUSE BOOKING FORM

1. Name of the visitor _____
2. Designation _____
3. Postal Address _____

4. Contact/Mobile No. _____
5. E-mail Address _____
6. PAN Number _____
7. Purpose of visit _____
8. Arrival Date _____ Time _____
9. Departure Date _____ Time _____
10. Category proposed Official _____ Non-official _____
11. Accompany with visitor : (a) _____
(b) _____
(c) _____
12. Person making the booking:
(a) Name _____
(b) Address _____

(c) Mobile No. _____
(d) E-mail _____
(e) Signature _____

Signature of the HOD/Warden (Concerned)

Coordinator (Guest House)

For office use only

1. Room No. allotted _____
2. Room for allotment _____ to _____ total day _____
3. Room rent charges vide receipt No. _____ Date _____ Rs. _____