REQUEST FOR C.A.C ACCOMMODATION

Approval of the Competent Authority		Establishment Date:	Dealing Assistant Date
Office Note:			
Category recommended	Category recommended Official / Semi-official / Semi-private / Private / Licence-fee-payee / Institute Guest		
Room No(s).		From:	То:
Room(s) allotted		Period	
	For	official use	
(in case the purpose of visit is official)		Contact Phone No. / e-mail ID, if any :	
Countersignature of the concerned Faculty/ Officer		Department/Section/Centre :	
		Designation :	
		Signature of the Indentor with date Name:	
Domorko if anu			
(Request for C.A.C 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)		1 2 Project No./Account Hea	3 4
3. Self payment (By the Guest(s))		Boarding (Food and Beverages)	
If Payment is from Project: Please Mention the Project No.			
Section, Please Mention the Head of Account		1 2	Lodging 3 4
Source of Payment: 1. If Payment is from Department/Centre /		Please (√) Tick the appropriate box(s)	
	аге попріє реадед)	(please tick)	required
Type of occupancy preferred (Please note that all rooms are double bedded)		Single / Double	No. of rooms
Date & Time of Departure		(DD)/(MM)/ (DD)/(MM)/_	(YY), at:(Hrs):(Mint.) _(YY), at:(Hrs):(Mint.)
applicable) Date & Time of Arrival		(DD)/(MM)/_	(VV) at: (Lim): (Mint)
Purpose of visit (Please detail and enclose	copy of official letter(s), where		
Designation(s) of the Visitor(s) / Guest(s), Department / Company affiliation & Address(s) with contact phone no./ e-mail ID, if any			
(* Female visitors are not allowed for accommodation in C.A.C)			
Name(s) of the Visitor(s) / Guest(s)			*