

REQUEST FOR GUEST HOUSE ACCOMMODATION

Name(s) of the Visitor(s) / Guest(s)																											
Designation(s) of the Visitor(s) / Guest(s), Department / Company affiliation & Address(s) with contact phone no./ e-mail ID, if any																											
Purpose of visit <i>(Please detail and enclose copy of official letter(s), where applicable)</i>																											
Date & Time of Arrival	____(DD)/____(MM)/____(YY), at:(Hrs):....(Mint.)																										
Date & Time of Departure	____(DD)/____(MM)/____(YY), at:(Hrs):....(Mint.)																										
Type of occupancy preferred <i>(Please note that all rooms are double bedded)</i>	Single / Double <i>(please tick)</i>	No. of rooms required																									
Source of Payment: 1. If Payment is from Department/Centre / Section, Please Mention the Head of Account 2. If Payment is from Project: Please Mention the Project No. 3. Self payment (By the Guest(s)) (Request for Guest House 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)	Please (✓) Tick the appropriate box(s) <table border="1" style="margin: 10px auto; width: 80%; text-align: center;"> <tr><td colspan="4">Lodging</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <table border="1" style="margin: 10px auto; width: 80%; text-align: center;"> <tr><td colspan="4">Boarding (Food and Beverages)</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> Project No./Account Head (in case of 1 and 2): _____			Lodging				1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boarding (Food and Beverages)				1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Remarks, if any : _____ Countersignature of the concerned Faculty/ Officer (in case the purpose of visit is official)	_____ Signature of the Indentor with date Name : _____ Designation : _____ Department/Section/Centre : _____ Contact Phone No. / e-mail ID, if any : _____																										

For official use

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

Office Note:

Approval of the Competent Authority _____

Establishment
Date: _____

Dealing Assistant
Date _____