

GUEST HOUSE ACCOMMODATION REQUEST FORM

1. Name of visitor(s) : _____
2. Designation/Relation : _____
3. Address : _____
4. Contact No. : _____ Email : _____
5. Expected arrival : Date: _____ Time: _____
6. Expected departure : Date: _____ Time: _____
7. Total No. of days : _____
8. Category proposed: : (A) Official (B) Personal
9. Purpose of visit : _____
10. No. of persons/ rooms : _____
11. Type of accommodation : Normal Room @ Rs. 400/- VIP Room @ Rs. 750/-
12. Person making the booking : Name : _____
(If Charges are not paid by the Guest then the booking person agrees to settle the Bill(s))
Designation : _____
Contact No. : _____ E-mail: _____
13. Payment to be made by : Applicant/Guest/Institute
14. Mode of payment : _____

Signature of Applicant

Signature of Administrative Authority

For Office Use

1. Allotted Room No. : _____
2. Amount Collected : _____
3. Receipt No : _____

(Guest House In-Charge)