

**GUEST HOUSE BOOKING FORM**

1	Name(s) of the guest(s)			
2	Mobile Number			
3	Nationality			
4	Purpose of visit			
5	Complete Address			
6	Type of room requested	<b>Suite</b>	<b>Single Room</b>	
7	Arrival	Date:_____ Time_____		
8	Departure	Date:_____ Time_____		
	Source of Funding (Please tick)	Institute	Project	Self

Date:\_\_\_\_\_

Host / Indenter Name and Designation:\_\_\_\_\_

Place:\_\_\_\_\_

Host / Indenter Signature:\_\_\_\_\_

Forwarded	Approved / Not Approved
<b>Faculty Incharge (Guest House)</b>	<b>Director</b>

**(FOR OFFICE USE ONLY)**

S.No.\_\_\_\_\_

Date:\_\_\_\_\_

**Remarks:** Accommodation Available / Not Available

Accommodation arranged in Room No.\_\_\_\_\_ From\_\_\_\_\_ To\_\_\_\_\_

**Care Taker, Guest House**