

OFFICE OF THE GUEST HOUSE
National Institute of Technology, Silchar
 (An Institution of National Importance)
 Silchar, Assam788010

REQUEST FOR GUEST ACCOMODATION

Name of the Guest	
Full Address of the Guest & Phone No	
Relation with the indenter	
Marital status	
Nationality	
Purpose of visit	
Arrival Date & Time	
Departure Date & Time	
Number of occupancy (Single/Double)	
Type of Rooms (AC/Non AC)	
Number of Room	
Source of payment	

Remarks, if any:	
Recommendation from Student Affairs	Signature of the Student with date Name of the Student..... Department:..... Roll No & Hostel:..... Telephone No:.....

Note:- Request for Guest House accommodation –(a) must be submitted to Students’ Affairs Section at least 3 (three) working days before the arrival of the guest, (b) For other than parents/legal guardians/outstation spouse, the same must be endorsed in writing /via e-mail by parents/legal guardians,(c) For more than 3 (three) nights/1room, must be accompanied by proper justification in writing and consideration of the same will be at the discretion of the Competent Authority, as subject to availability of rooms, one room is considered for accommodation of student’s parents/legal guardian/outstation spouse for a maximum of 3 nights at semi official rate.

FOR OFFICIAL USE

Room(s) allotted	Room No(s)
Period	From.....To
Category recommended	Official/Semi-official/Semi-private/Private

Office Note:

Approval of the Competent Authority

Signature of i/c Guest House
Date.....

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REQUEST FOR GUEST ACCOMODATION

Name of the Guest	
Full Address of the Guest & Phone No	
Relation with the Indentor	
Nationality	
Purpose of visit <small>(Please detail and enclose copy of official letter(s), where applicable)</small>	
Arrival Date & Time	
Departure Date & Time	
Number of occupancy (Single/Double)	
Type of Rooms (AC/Non AC)	
Number of Room	
Source of payment	

Remarks, if any: <hr/> Countersignature of the concerned HOD/HOS/HOC (in case the purpose of visit is official)	<hr/> <p style="text-align: center;">Signature of the Indentor with date</p> Sign..... Name :..... Designation:..... Department:..... Telephone No/email.....
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Period	From.....To
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Office Note:

Approval of the Competent Authority

Signature of i/c Guest House
 Date.....