

M.I.T CAMPUS HOSTEL

ANNA UNIVERSITY

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GUEST HOUSE / HOSTEL ACCOMMODATION FOR ALUMNUS

Reservation No:	Date:	
	Member's Information	
Applicant Name:		Male: Female:
Reg. No:	/ DEPT:	
Official Address:		
Mobile No:		
Email :		
Purpose of Visit:		

Accommodation

Required From	_ to	Check in time :	Check out time:
Guest House:/	Hostel:	No of Guest:	_
No of Days:		Total No of Persons (Maximum 2 Person per ro	: pom)
Food: Breakfast Lunch	Dinner	No of Rooms Required	:

Signature of the Applicant

For Office Use			
Status of Booking : Confirmed / Not Confirmed			
Bill(s) to be Settled by: Guest DEPT	Applicant		
	unt Received on:		
Bill raised on: Bill raised on:	Bill raised by:		
Verified by: Root	Room No:		
Lodging Charge:	Boarding Charge:		