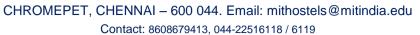


Reservation No:

M.I.T CAMPUS HOSTEL

ANNA UNIVERSITY





Date:

GUEST HOUSE REQUISITION FORM (Regular Staff only)

Member's Information	
Applicant Name:	Guest Name ⁽ⁱ⁾ :
Reg. No / Staff ID / DEPT:	Relationship with the Applicant:
☐ MALE ☐ FEMALE	☐ MALE ☐ FEMALE
Official Address:	Address:
Mobile No:	Mobile No:
Email :	Email :
Purpose of Visit: Official / Personal (ii)	Event Name:
Accommodation	
Dequired From to	Check in time : Check out time:
Required Fromto	
Guest House:	No of Adults: No of Child: (Child Age < 8 Years)
No of Days(iii):	Total No of Persons : (Maximum 2 Adults + 1 Children per room)
Food: Breakfast Lunch Dinner	No of Rooms Required :
 I. Guest must submit his / her ID proof at the time of check in II. Not eligible for discount 	
III. Dean's approval is required to stay more than three days	
IV. Guest must pay 100% amount as advance	
Signature of the Applicant with Seal	Signature of the Head/Director with Seal
For Office Use	
Status of Booking: Confirmed / Not Confirmed	
Bill(s) to be Settled by: Guest ^(iv) DEPT	Applicant
Amount: Amount Received on:	
Cheque / DD / Cash: Refere	nce No:
	ed by:
	No:
Lodging Charge:	Boarding Charge: