CUSB GUEST HOUSE

CENTRAL UNIVERSITY OF SOUTH BIHAR

Requisition for Guest House Accommodation

Date: .....

Name of the Guest: Prof./Dr./Mr./Ms. .....

Category of Guest: Official ☐ Semi-official ☐ Others ☐

Purpose of Visit: .....

Designation and Address: .....

Organisation to which belongs: .....

Age: ..... Yrs. Identity Proof & No (enclose a duly signed copy): .....

Date and Time of Arrival: .....

Expected Date and Time of Departure: .....

Name(s) of the person(s) accompanying the Guest Relationship Age

S. No.	Name	Age	Relationship

Faculty/Staff Member who is booking the accommodation:

Name: ..... Designation: .....

Signature: .....

Approving Authority: Name: .....

Signature: ..... Designation: .....

For Office Use:

Room no. allotted: ..... Period: From: ..... To: .....

Received an Advance payment (if any) Rs. ..... Receipt no./date: .....

Signature (Guest House In charge): .....