 CUSB GUEST HOUSE

 CENTRAL UNIVERSITY OF SOUTH BIHAR

 **Requisition for Guest House Accommodation**

 Date: ………………………….

Name of the Guest: Prof./Dr./Mr./Mrs. ……………………………………………………………………….

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)…………………………………………………………………………