



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).....