

Guest House Booking Form

VSSUT, Burla



1. Name of visitor(s)

2. Designation

3. Address & Tele No

4. Expected arrival: Date..... Time.....

5. Expected departure:Date..... Time.....

6. Category proposed: A (Institute) B (Official) (Others)

7. Type of accommodation required: Single Double Suite

8. Purpose of visit

9. No of person(s)

10. Person making the booking:

(If Charges are not paid by the Guest then the booking person agrees to settle the Bill(s))

(i) Name:

(ii) Dept..... (iii) Designation.....

(iv) Mobile No (v)Signature Date

11. For Category A/B:

Signature (with seal) of the Registrar/ Dean/HOD/PIC..... Date.....

12. For Category 'C' only:

Signature (with seal) of the DSW/ PIC /Faculty Date.....

13. PIC (Guest House)

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14. For Office Use:

(i) Allotted Room..... (ii) Registers sl No..... (iii) Amount Collected..... (iv) Receipt No.....