

NIT GUEST HOUSE

NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA, TRIPURA-799046

REQUEST FOR ACCOMMODATION

(Filled up form should reach Guest House at least two working days in advance)

- 1. Name of the Guest.....
- 2. Full Address.....
.....
- 3. Number of family members (if any).....
- 4. Number of rooms required.....
- 5. Purpose of visit.....
- 6. Expected arrival time.....am/pm Date.....
- 7. Expected departure time.....am/pm Date.....
- 8. Room rent to be charged at the rate: Normal/Concessional
- 9. Payment to be made by the Guest/Employee.....
- 10. Remarks.....

The guest is known to me and I will pay the charges of the guest if not paid by him.

Signature of reference person.....

Designation.....Name.....Deptt.....

This is to certify that the guest is my personal friend/relative or is coming to NIT Agartala for official purpose.

Signature of reference person

Name.....

For Official Use Only

- 1. Room No. Allotted.....
- 2. Period for Allotment.....to.....
- 3. Room Charges Rs.....
- 4. Guest House Register Entry No.....Date.....
- 5. Room Rent Charges deposited vide receipt No.....Date.....

Received by:

Approved by:

Guest House Attendant

In-charge of Guest House