



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
Guwahati - 781 039

Form No.3/AER

GUEST HOUSE ACCOMMODATION BOOKING FOR IITG ALUMNI

Name of the Alum :	Passport Number: Male /Female : Date of issue: Date of expire:																		
Roll number: Graduating year: Programme/Dept.:	Address(s) of the Alum: Email Id: Mobile number:																		
Purpose of visit: Personal/on invitation	(Please attach invitation letter/email from IITG. The letter/email must be signed/send by HoD/HoC/HoS/Chairman and in case of project, the letter must be signed/send by Dean R&D)																		
Date & Time of Arrival:	Date & Time of Departure:																		
Type of occupancy preferred (Please note that all rooms are double bedded)	Single / Double <input type="checkbox"/> No. of rooms required (please tick) <input type="checkbox"/>																		
Source of Payment: * 1. If Payment is from Department/Centre / Section/Alcheringa/Techniche/Clubs/ Gymkhana/Projects etc. 2. If Payment is from Project: Please Mention the Project No. 3. Self payment (By Alum)	Please (√) Tick the appropriate box(s) <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="3">Lodging</th> <th colspan="3">Boarding (Food and Beverages)</th> </tr> <tr> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Project No./Account Head (in case of 1 and 2 *): _____	Lodging			Boarding (Food and Beverages)			1	2	3	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging			Boarding (Food and Beverages)																
1	2	3	1	2	3														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Remarks, if any: _____	Signature of the alumna/alumnus /host from IITG with date Name of the host: Dept./Centre: Designation: Email Id: Phone:																		
Recommendation from Alumni & External Relations																			

Note:- (a) Please sign and send the scan/PDF copy of this form (If you wish to book directly) along with your ID card/ Alumni card and passport copy (If NRI) at hosaa@iitg.ernet.in or sundeeb11@iitg.ernet.in at least 7 (seven) days before your arrival

(b) If this form is fill in by host from IITG, they can submit it in advance to the office of AER along with the documents mentioned above .

(c) Requests will be considered subject to availability of rooms

(d) Room rate charged for alumni is under semi official category (Rs. 450/- for single occupancy and Rs. 550/- for double occupancy per night. Please note that this rate may change time to time.

(e) For confirmation of booking, contact at guesthouse@iitg.ernet.in or +913612582054

For the use of Establishment Section

Room(s) allotted	Room No(s).
Period	From to
Category recommended	

Office Note:

Approval of the Competent Authority

Signature of authorized office staff

Date: _____