



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
Guwahati Assam 781039

Form No.
IITG/AER/10

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 _____ No. of rooms required _____ (please tick)																		
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="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <th colspan="3">Lodging</th> <th colspan="3">Boarding (Food and Beverages)</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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"/>														
Forwarded/ Rejected Recommendation from AER(HoS/Doaer/Adoer)	Signature of the alumna/alumnus /host from IITG with date Name of the host: _____ Dept./Centre: _____ Designation: _____ Email Id: _____ Phone: _____																		

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 alumni@iitg.ac.in at least 10 (ten) 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) Alumni are requested to reserve rooms for others will not be entertained.
(e) Room rate charged for alumni is under **Semi-official category (Rs. 900/- for single occupancy and Rs. 1100/- for double occupancy per night)**. Please note that this rate may change time to time.
(f) For confirmation of booking, contact at guesthouse@iitg.ac.in or +913612582054

For the use of Establishment Section

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

Office Note:

Signature of authorized office staff

Approval of the Competent Authority

Date: _____