

Approval of the Competent Authority

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

GUEST HOUSE ACCOMMODATION BOOKING FOR IITG ALUMNI

		T				
Name of the Alum:		Passport Number	:	Male /	Male /Female :	
		Date of issue:				
		Date of expire:				
Roll number:		Address(s) of the Alum:				
Graduating year:						
Programme/Dept.:		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 (please tick) No. of rooms require		ooms required		
Source of Payment: *		Please ($$) Tick the appropriate box(s)				
 If Payment is from Department/Centre / Section/Alcheringa/Techniche/Clubs/ Gymkhana/Projects etc. If Payment is from Project: Please Mention the Project No. 		Lodging		Boarding		
				(Food and Bever	ages)	
		1 2	3	1 2	3	
3. Self payment (By Alum)		Project No./Account Head (in case of 1 and 2 *):				
Remarks, if any:						
Recommendation from Alumni Affairs & External Relations Note:- (a) Please sign and send the scan/PDF copy or		Email Id: P.			ation:	
Alumni card and passport arrival (b) If this form is fill in I documents mentioned above	copy (If NRI) at hosa@ii by host from IITG, they	itg.ernet.in or ddn@	@iitg.ernet	<u>.in</u> at least 7 (sever	n) days before you	
(c) Requests will be consid(d) Room rate charged for double occupancy per nigh(e) For confirmation of boo	alumni is under semi of t. Please note that this rate sking, contact at guesthous	ficial category (Rs may change time	to time. +9136125		y and Rs. 550/- fo	
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Room(s) allotted	Room No(s).					
Period	From to					
Category recommended						
Office Note:						
			_	Signature of aut	thorized office staff	