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| iitg_sml | **Indian Institute of Technology Guwahati****Guwahati Assam 781039****Guest House Accommodation Booking for IITG Alumni** |  |
| **Form no: IITG/AER/10** |

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| **Name of the Alumnus/ Alumna:****Current Affiliation/ Designation:** | **Full Address:****Pin code:****Telephone:****Email ID:** |
| **Roll Number:****Programme/Deptt.:** **Year of Graduation:** | **Gender: MALE / FEMALE****Passport Number:****Date of Issue: Date of Expire:** |
| ***Purpose of Visit*** *(Attach official letter of invitation / email, if applicable)* |  |
| **Date & Time of Arrival:****Date & Time of Departure:** | **Number of Rooms required:** *(Please note that all rooms* *are double bedded)* |
| **Source of payment:**1. Department/ Centre/ Section/ Alcheringa/Techniche/Clubs/Gymkhana/Projects etc.
2. Project: Please mention Project No. \_\_\_\_\_\_\_\_\_\_
3. Self-payment (By Alumnus/Alumna)
 | **Please (√) the appropriate box(es) :** |
| **Lodging** | **Boarding***(Food & Beverages)* |
| **1** | **2** | **3** | **1** | **2** | **3** |
| **Project No./Account Head (in case of 1 and 2) \*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Forwarded/Rejected**Recommendation from AER (HoS/DoAER/ADoAER)** | **Signature of Alumna/Alumnus/Host from IITG with date**Name of the Host:Deptt./Centre: Designation:Email ID: Phone: |
| **Please Note:**1. *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 alumnioff@iitg.ac.in at least 10 (ten) days before your arrival.*
2. *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.*
3. *Requests will be considered subject to availability of rooms.*
4. *Requests to reserve rooms for persons other than IITG ALUMNI will not be entertained.*
5. *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.*
6. *For confirmation of booking, contact at guesthouse@iitg.ac.in or +913612582054.*
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**For the use of Establishment Section**

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| Room (s) allotted | Rooms No(s)…………………………………………………… |
| Period | From:……………………………………. To……………………………………… |
| Category recommended |  |

Office Note:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval of Competent authority Date: