

MADHAV INSTITUTE OF TECHNOLOGY AND SCIENCE, GWALIOR
GUEST HOUSE ROOM SERVICES BOOKING FORM

1. Name of the Department: _____
2. Numbers of Guests Visiting: _____
3. Names of the Guests:
 - 1)
 - 2)
 - 3).....
4. Organization/Institution of the Visiting Guest(s): _____
5. Arriving On: Date: /...../..... Time: : AM/PM
6. Leaving On: Date: /...../..... Time: : AM/PM.
- Purpose of Visit (Official/Personal/ Institute Guest): _____
7. Type of accommodation: Single (A/C) Double (A/C)
8. Details of the person making the booking: a)
9. Name: _____
- b) Designation and Department Enrolment in case of Students: _____
- c) Contact No.: _____
10. Payment to be made by _____
11. Total payment made:

Towards Lodging (Rs.)	Towards Food (Rs.)

Signature of Staff / Student/ Requesting for Accommodation

Comments of Guest House Supervisor	
	Guest House Supervisor

Forwarded by Guest House Incharge Dy. Registrar	
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Permission Granted <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 30px; text-align: center;">Yes</td> <td style="width: 30px; text-align: center;">No</td> </tr> </table>	Yes	No	Director
Yes	No		

Application for the guest house should be sent directly to Dy. Registrar For official booking request of HoD/ Controller Exam/Registrar/Dean's is required as the case may be.