

UGC Networking Resource Centre, School of Chemistry

UGC-NRC Hostel

REQUISITION FORM FOR ACCOMMODATION

1	Indentor's Name & Designation					
2	Official Address of the Indentor					
	E-mail:		University extension No.:	Mobile No:		
3	No. of rooms required		Regular room (R):	Special room (S):		
4	Room	R / S	Name of the Guest	Address of the Guest	Mobile No	
	1					
	2					
	3					
<i># In case single occupancy room is required, fill only one guest name against the room entry</i>						
5	Duration of stay		From:	To:		
	(a) Arrival		Date:	Time:		
	(b) Departure		Date:	Time:		
6	Purpose of Visit					
7	Category of the Visitor/Guest (Please tick the appropriate row below)					
	Priority 1: UGC-NRC visitor					
	Priority 2: Official visitor of the School of Chemistry					
	Priority 3: Official visitor of the University					
8	Bill(s) will be paid by (Please tick appropriate column)		GUEST¹	INDENTOR²		
<p>1. I confirm that the Guest will make all the payments before departure</p> <p>2. I agree to pay all the bills within 10 days of the visit of my guest</p>						
Indentor's Signature & Stamp			Signature & Stamp of the HoD / Dean / Registrar			
Date :						