



GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR

PROFORMA FOR ACCOMMODATION IN VIP GUEST HOUSE/FACULTY HOUSE

1. Name of Indenter : _____
Designation & full address : _____
2. No. of Rooms required : _____
3. Period Date for which required : From _____ to _____ (days)
4. Full Name & Address particulars of the Visitors:
 - i) Name : _____
 - ii) Designation : _____
 - iii) Full Address in case employees gives office address : _____
5. Whether

i) On Duty	Yes/No
ii) On Leave	Yes/No
iii) Private	Yes/No
iv) Guest of Univ. Employee	Yes/No
6. If official indicate
 - a) Purpose of Visit : _____
 - b) Whether invited by GJUS&T, Hisar : _____
 - c) Dept. /Office to be visited : _____
7. Payment will be made by Guest/Univ. Department : _____

Signature of Indenter

Full Name: _____

: _____

FOR OFFICE USE ONLY

If approved _____ Room(s), Room No. _____ in VIP Guest House/Faculty House may be reserved @ Rs. _____ per day per room, as the visit of Indenter(s) is/are official/private.

Submitted for approval, please.

Dealing Assistant

Superintendent (General)

Deputy/ Assistant Registrar (General)