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|  | **INDIAN INSTITUTE OF SCIENCE****BANGALORE – 560 012****REQUEST FOR ACCOMMODATION AT GUEST HOUSE** |

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| **Ref: …………..…………… APPLICATION TO BE SENT IN DUPLICATE Date:**  |
| 1. **INDIVIDUAL**

NAME OF THE VISITOR/S - CAPITAL LETTERS |   |
| Designation **(Visitor need be at least at the level of Lecturer & above)** |  |
| Address of the Visitor(s) |  |
| Nationality |  |
| Purpose of Visit(Details to be indicated) |  |
| **b) Conference / Workshop etc.,****(Visitor need be at least at the level of Lecturer & above)** | ----------- |
| Period of Visit & Duration **(Less than 15 days only)** | From: Number of Days:  |
| Type of Accommodation(Tick as Appropriate)**(A/C & Non A/C rooms will be allotted subject to availability)** |   Single Bed Room Non A/C Single Bed Room A/C   Double Bed Room Non A/C Double Bed Room A/C Total No. of Rooms Required:  |
| **PAYMENT DETAILS (Tick as Appropriate)**Whenever the charges are to be paid by the guests, it is necessary to indicate alternative Debit Head for levying ‘No Show’ charges, in case the guest does not utilize the accommodation. | a) **By Guest** - Alternative Debit Head……………………………..b) **By Dept** – Debit head:   SAP CODE :  GL/Ac.  |
| Faculty Member request for accommodation | Name: Designation: Signature ……………….……….. |
| Recommendation of Chairman of the Department | Signature …………….………………… Dept (Seal)……………………….. |
| **Terms & Conditions:** **1.** NO SHOW CHARGES: one day rent for each of the accommodation booked will be levied if the booking is not cancelled at least  48 hours earlier and the booking will be automatically cancelled for the second day. **2.** Visitors need to be at least at the level of Lecturer to be eligible for accommodation at Guest House as well as Centenary Visitors  House.**\* 3.** Wherever the charges have to be paid by the guests, it will be necessary to indicate alternative Debit Head for levying ‘No Show’  charge, in case the guest does not utilize the accommodation.  **4.** Application should be sent at least 10 days in advance. **5.** One day prior notice shall be sent if the guest needs Breakfast, Lunch or Dinner on his arrival **6.** Guest House is not responsible for valuable of the guests  |
| **FOR USE BY GUEST HOUSE ONLY Returned W/c** |
| Reg. No………………. | Page No……………. |  **Allotment of ( ) room(s) is confirmed.** |
| Date…………………… | Room No…………… |  **From………………….. to………………………** |
|  |  |  **(Signature)** **Guest House In-charge** |