

HOYSALA HOUSE INDIVIDUAL BOOKINGS

No.

dt.

Sub: Request for Accommodation in Hoysala House

Name and Address:
of the
Visitor(s)

Period:

No. of days _____

From _____ To _____

Purpose of Visit

In case of Invitees to the
Institute (whose visits have
been approved by the
Institute and whose
expenses are being
borne by the Institute
mention the approval
letter number, and date.

Payment of Rent

- 1) Will be paid by the Visitor(s)
2) Debited to

Name of the Faculty Member :

Department :

Signature :

CHAIRMAN
Of the sponsoring faculty member's dept/Centre

To,

The Chairman
Centre for Continuing Education
IISc