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|  | **INDIAN INSTITUTE OF SCIENCE**  **BANGALORE – 560 012**  **REQUEST FOR ACCOMMODATION AT THE CENTENARY VISITORS HOUSE** |

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| **Ref: ………….…………… APPLICATION TO BE SENT IN DUPLICATE Date ……………..** | | | |
| 1. **INDIVIDUAL**   NAME OF THE VISITOR(S) - CAPITAL LETTERS | | |  |
| **Designation**  (Visitors need to 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.,**  (Visitors need to be at least at the level of Lecturer & above) | | |  |
| Period of Visit & Duration **(More than 15 days only)** | | | From ……………… To **……………….** (Number of Days **………..)** |
| Type of Accommodation  (Tick as Appropriate) | | | Studio Apartment      One Bedroom Apartment Two Bedroom Apartment  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 an 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 ………………………………….. |
| Faculty Member request for accommodation | | | Name: ………………………………………………  Designation ……………………. Signature ……………….……….. |
| Recommendation of Chairman of the Department | | | Signature …………….………………… Dept (Seal): ECE ………………….. |
| **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.** Application should be sent at least 10 days in advance.  **3.** Boarding Facility is not available in the Centenary Visitors House.  **4.** Centenary Visitors House is not responsible for valuable of the guests.  **5.** Guests are requested to settle cash bills (if any) before 5pm.  **6.** Guests staying for more than one month should settle the cash bills (if any) by the end of the month | | | |
| **FOR USE BY GUEST HOUSE ONLY Returned W/c** | | | |
| Reg. No………………. | Page No……………. | **Allotment of …………….…… Apartment(s) is confirmed.** | |
| Date…………………… | Room No…………… | **From…………….……….. to…………….…………………** | |
|  |  | **(Signature)**  **Guest House In-charge** | |

**Ref. No. R(RO)/MGH/CVH/2017/1790 Date: 21st August 2017**

**The Rent for the various types of Accommodation is as follows:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Period** | **Studio Apartment** | | **One Bed Apartment** | | **Two Bed Apartment** | |
|  | **IGR\***  **Rs.** | **OGR\***  **Rs.** | **IGR\***  **Rs.** | **OGR\***  **Rs.** | **IGR\***  **Rs.** | **OGR\***  **Rs.** |
|  |  |  |  |  |  |  |
| **One day** | 1,200.00 | 1,800.00 | 1,500.00 | 2,250.00 | 2,000.00 | 3,000.00 |
| **One week** | 6,000.00 | 9,000.00 | 7,500.00 | 11,250.00 | 10,000.00 | 15,000.00 |
| **One month** | 18,000.00 | 27,000.00 | 22,500.00 | 33,750.00 | 30,000.00 | 45,000.00 |

**\* IGR – Institute Guest Rate; \*OGR – Outside Guest Rate**

* **The request for accommodation may please be sent to the Guest House In-charge, Main Guest House.**
* **The rates indicated are exclusive of GST at 18%**