

Annexure - I



THE GANDHIGRAM RURAL INSTITUTE – DEEMED UNIVERSITY
Gandhigram – 624 302

FACULTY GUEST HOUSE

REQUISITION FORM

Name of the Guest :

Full Address of the Guest with Phone No. :

Purpose of Stay :

Type of Room(s) / other Facility required (Please Tick) : Suite / Deluxe A/C / A/C / Non A/C
Vivekananda Hall / Dining Hall /
Kitchen & Dining Hall

No. of Rooms required : **No. of Persons** _____

No. of Days required :

Probable Date and time of Accommodation is Required : Date _____ Time _____

Probable Date & Time of leaving : Date _____ Time _____

RECOMMENDATIONS

Certified that the visit of the guest(s) is **official/personal** and recommended for his/her/their accommodation in FGH and I take responsibility for the payment of bills of the FGH.

Signature of the Applicant:
With date

Place:

Date:

Name:
Address with official seal:

REQUEST FOR EXTENSION

Type of Rooms (Please Tick) : Suite / Deluxe A/C / A/C / Non A/C

No. of Persons and required Room(s) :

No. of Days required :

**No. of Rooms required
in the case of Extension** :

From _____ Time _____

To _____ Time _____

RECOMMENDATIONS

Certified that the visit of the guest(s) is **official/personal** and recommended for his/her/their accommodation in FGH and I take responsibility for the payment of FGH prescribed charges.

Signature of the Applicant:
With date

Name:
Address:

OFFICE USE

OCCUPATION CERTIFICATE		RENT COLLECTION AND REMITTANCE PARTICULARS	
Occupied Room no (S)		Date: From	To
Date: From	To	Actual Rent Collected Rs.	
Advance Received Rs.		Refund if any	
Receipt No.		Bill no.	
Date:		Billing Date	
		Bank Remittance - Date	

FGHM

FGHW

FGHM

FGHW



THE GANDHIGRAM RURAL INSTITUTE – DEEMED UNIVERSITY
Gandhigram – 624 302

FACULTY GUEST HOUSE

Cash Bill

Bill No. _____ **Date:** _____ **Adv. Receipt No.** _____

Name Dr/Mr/MS _____

Address _____

Room No(s): _____

Arrival _____ **A.M / P.M Dated** _____ **Departure** _____ **A.M / P.M Dated** _____

Type of Room (s)	No.of Room(s)	Room Rent	No of Days	Amount
Suite				
AC Deluxe				
AC				
Non AC				
Kitchen & Dining Hall				
			Total	
			Advance	
		Amount Payable/Refund		
Guest Signature	FGHM	FGHW		
