1. Name of visitor & age: .....................................................................................................................
2. Designation: .....................................................................................................................................
3. Postal Address & Tele. No.: .............................................................................................................
4. Associated person, age & place:

|  |  |  |
| --- | --- | --- |
| 1. | 2. | 3. |
| 4. | 5. | 6. |

1. Total number of person seeking accommodation:.............................................................................
2. Expected arrival (DD/MM/YYYY/ Time): ......................................................................................

 Expected departure (DD/MM/YYYY/ Time): ................................................................................

 Total number of days: ......................................................................................................................

1. Category proposed (tick one)

|  |  |
| --- | --- |
| Category ‘B’ | Category ‘C’ |
| Category ‘D’ | Category ‘E’ |

1. Type of accommodation/Amenities (tick one)

|  |  |  |
| --- | --- | --- |
| Double A/C | Single A/C  | Inside Lawn |
| Double non-A/C | Single non-A/C | Outside Lawn |

1. Purpose of visit **(give details):** ...................................................................................... ...................
2. Person making the booking:
3. Name: ........................................................................................................................................
4. Employee code/ Roll No.: .........................................................................................................
5. Designation and Dept./Centre :..................................................................................................
6. Telephone No. & E\_mail: ..........................................................................................................
7. Relation with the Guest: ............................................................................................................
8. For Cat. ‘B’, Cat. ‘C’ & Cat. ‘D’ only:
9. Kindly settle the bill(s) before checking out/collect the charges from the guest.
10. If charges are not paid by the Guest then the undersigned agrees to settle the bill(s).

 **Date: (Signature)**

1. **Recommendation is required for all bookings by Ph.D. Guide/SVNIT faculty member/ Warden/ Chief Warden/ HOD/ Dean**
2. Name ..........................................................**b)** Signature: .....................................................

**c)** Designation & Department: ...................................................................................................

 **d)** Date: ......................................................................................................................................

To,

Chief Warden, Narmad Bhavan,

SVNIT, Surat-395007 Signature of Chief Warden

 Narmad Bhavan