

HBCSE HOSTEL AND GUEST HOUSE

Ref: _____

Date: _____

RESERVATION FORM

Name: Mr/ Ms: _____ Nationality: _____

Host Institution: _____

Status of Visitor: Official / Non-Official

Purpose of Visit: _____

Accompanied by: _____ Adults and _____ Children

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Type of Accommodation: _____
(Details overleaf)

Billing Instructions: _____
(Specify how the bill will be settled)

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Host

Signature: _____

Name: _____ Signature: _____

Group Section: _____
Name of Academic Member/Section Head

Tel. No: _____

Date: _____ Date: _____

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APPROVAL

Centre Director-HBCSE _____
(Signature)

Sr.Admin. Officer – HBCSE _____
(Signature)

Date: _____

For Office Use

Room Allotted:

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ALL FORMS TO BE ROUTED THROUGH THE OFFICE OF APPROVING AUTHORITY

1. Reservations are confirmed in the order in which properly endorsed forms are received.
2. A separate form must be used for each visitor (except for block booking).
3. The types of accommodation are as under:
 - Type – A : Twin Bedded rooms with shower and toilet block on sharing basis.
 - Type – B : Twin Bedded rooms with shower and toilet block on single occupancy basis.
 - Type – C : Flatlet consisting of living room, one bed room and kitchenette on sharing basis.
 - Type – D : Apartment consisting of living room, one bed room and kitchenette on single occupancy basis.
4. For any other information, Sr. Admn. Officer, HBCSE may be contacted on Ext.110 or Tel. No. 2556 4209 (Direct).

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