VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY NAGPUR - 440 010

GUEST HOUSE

REQUISITION SLIP FOR BOOKING OF ACCOMODATION FOR INSTITUTE GUEST

	Indenter's Name:	Mobile No:	
	Designation:	Department:	
	Name of the guest:		
	Designation of the guest:		
	Address and contact details of the guest:		
	(Provide separate list is no. of guests is more than one)	guests is more than one)	
	Expected Arrival time and date: Expected Departure time and date:		
No. Pur			
	No. of rooms required (Double bed):		
	Purpose of visit:	urpose of visit:	
	Any other information (personal/ official): (Please enclose the official letter)		
	It is requested that no bill should be charged to above nature. The undersigned undertakes that stay of the guest will not		
	(Signature of the Indenter)	(Signature of HOD)	
	Date:		
	(Approved/ Not approved.	ed)	
	DEAN (P&D)		
	FOR OFFICE USE ONLY		
	(Guest House Incharg	je)	