भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

Indian Institute of Technology Guwahati
Guwahati Assam 781039

Form No: IITG/ACIR/10

Guest House Accommodation Booking for IITG Alumni

Name of the Alumnus/ Alumna: **Current Affiliation/ Designation:**	**Full Address:** **Pin code:** **Telephone:** **Email ID:**
Roll Number: **Programme:** **Dept./Cent./School:** **Year of Graduation:**	**Gender: MALE / FEMALE / OTHERS** **Passport Number:** **Date of Issue of Passport:** **Date of Expire of Passport:**
Purpose of Visit *(Attach official letter of invitation / email, if applicable)*	
Date & Time of Arrival: **Date & Time of Departure:**	**Number of Rooms required:** *(Please note that all rooms are double bedded)*
Source of payment: 1. Department/ Centre/ Section/ Alcheringa/Techniche/Clubs/Gymkhana/Projects etc. 2. Project: Please mention Project No. _____ 3. Self-payment (By Alumnus/Alumna)	**Please (√) the appropriate box(es) :** **Lodging** 1 2 3 — **Boarding** *(Food & Beverages)* 1 2 3 **Project No./Account Head (in case of 1 and 2) *** _____
Forwarded/Rejected **Recommendation from ACIR (HoS/DoACIR)**	**Signature of Alumna/Alumnus/Host from IITG with date** Name of the Host: Deptt./Centre: Designation: Email ID: Phone:

Please Note:

a. *Please sign and send the scanned/PDF copy of this form (If you wish to book directly) along with your Alumni ID card and passport copy (If Foreign national) at alumnioff@iitg.ac.in at least 10 (ten) days before your arrival.*
b. *If this form is filled in by host from IITG, they can submit it in advance to the office of ACIR along with the documents mentioned above.*
c. *Requests will be considered subject to availability of rooms.*
d. *Requests to reserve rooms for persons other than IITG ALUMNI will not be entertained.*
e. *Room rate charged for alumni is under **Semi-official category (Rs. 900/- for single occupancy and Rs. 1100/- for double occupancy per night**. Please note that this rate may change time to time.*
f. *For confirmation of booking, contact at guesthouse@iitg.ac.in or +913612582054.*

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For the use of Establishment Section

Room (s) allotted	Rooms No(s)……
Period	From:…… To……
Category recommended	

Office Note:_____

……..
Approval of Competent authority

_____
Signature of authorized office staff
Date: