Form no: IITG/AER/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/Deptt.:** **Year of Graduation:**	**Gender: MALE / FEMALE** **Passport Number:** **Date of Issue:** **Date of Expire:**
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			Boarding *(Food & Beverages)*		
1	**2**	**3**	**1**	**2**	**3**

Project No./Account Head (in case of 1 and 2) *
_____

Forwarded/Rejected **Recommendation from AER (HoS/DoAER/ADoAER)**	 _____ **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 scan/PDF copy of this form (If you wish to book directly) along with your ID card/ Alumni card and passport copy (If NRI) at alumnioff@iitg.ac.in at least 10 (ten) days before your arrival.*
  b. *If this form is fill in by host from IITG, they can submit it in advance to the office of AER 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.*

For the use of Establishment Section

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

Office Note:_____

_____   _____
………………………………………………..   Signature of authorized office staff
Approval of Competent authority   Date: