

INTER UNIVERSITY CENTRE FOR TEACHER EDUCATION (IUCTE) BHU

Sunder Bagia Nariya BLW Road, Varanasi-221005

E-mail: iucteguesthouse@gmail.com Tel. No.0542-2368823

APPLICATION FOR THE STAY IN GUEST HOUSE

1. Name of the Guest (IN Block Letters) :
2. Mobile No of the Guest :
3. Designation with full address :
4. Name (s) of person (s) accompanying :
- the guest and relationship with Guest :
5. Purpose of visit :
6. Duration of stay :

	Arrival	Departure	Total No of Day
Date			
Time			

7. Relation of the Applicant with Guest :

UNDERTAKING

I am responsible for:

- (a) The conduct of the Guest during stay.
- (b) To vacate the room (s) on the stipulated date and time.
- (c) To deposit any rear of payment of Guest.

Full signature of the applicant with
Name of Designation

Forwarded By

Name

Director/Joint Director/Sr. A.O

Designation

(Seal)

Faculty/Institute/Department

Employee No./Staff No

Tele. No /Mob. No

- N.B. : (a) Reservation will be made only on receipt of 80% advance.
(b) Payment receipt will be generated after check out of room
(c) In case of cancellation, one-day allotment charge be deducted and the rest amount will be refunded.
(d) Check in to check out time less than 24hrs. is counted as on day for allotment of rooms.
(e) Meals will be available only prior notice/order.

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For Office Use only

Received Advance Rs. from Deptt of
From To

Signature of Recipient
IUCTE Guest House.