



NATIONAL SANSKRIT UNIVERSITY

TIRUPATI - 517 507

REQUEST FOR ACCOMMODATION AT GUEST HOUSE FOR THE STAFF

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|---|--|
| NAME OF THE VISITOR - CAPITAL LETTERS + No of Accompanying members | Date20... |
| Address of the Visitor(s) | |
| Purpose of Visit (Details to be indicated) | |
| Period of Visit & Duration | From To Number of Days..... |
| Type of Accommodation (Tick as Appropriate) (Rooms will be allotted subject to availability) | <input type="checkbox"/> Double Bed Room A/C <input type="checkbox"/> Triple Bed Room A/C Total No. of Rooms Required..... |
| PAYMENT to be made by (Tick as Appropriate) | <input type="checkbox"/> By Guest <input type="checkbox"/> By Organizer of the programme <input type="checkbox"/> By Official of the University(In the personal capacity) |
| Name, designation and ID No. of the staff member of the University who seeks accommodation. | Name..... Mobile No..... Designation..... Signature |

Note:

1. Application should be sent to Guest House at least 3 days in advance, of the arrival. Rooms will be allotted based on the availability.
2. One day prior notice shall be given if the guest needs Breakfast, Lunch or Dinner.

REGISTRAR