

# UNIVERSITY OF KALYANI



## REQUISITION FORM FOR ACCOMMODATION IN THE INTERNATIONAL GUEST HOUSE, UNIVERSITY OF KALYANI

**(To be submitted to the Registrar, University of Kalyani)**

Particulars of the person(s) to be accommodated in the Guest House  (Photocopy of the photo-identity-card and of documents pertaining to the proof of Home address, sex, age must be enclosed herewith)	Name	Designation & Name of the Organization	Home address with Ph. No.	Sex	Age
Total number of persons to be accommodated	Adult		Minor (below 10 yrs)		Total
	Male	Female	Male	female	
Purpose of requisition					
Number of rooms requisitioned	Double bedded AC Room with attached bath		Double bedded AC Room with attached bath and balcony		
Choice of the Rooms (in case of non-availability of preference No. 1 , Preference no. 2 will be allotted)	Preference No. 1:				
	Preference No. 2:				
Duration of Stay	From..... to .....				
	Total Number of days:				

**Declaration:** The undersigned is well aware of Terms & Conditions of Allotment of Facilities at the International Guest House, University of Kalyani, Kalyani, Nadia and the same will be duly abided by the Undersigned during his stay at the International Guest House, University of Kalyani.

\_\_\_\_\_  
Signature of the occupant

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Full signature of the concerned Head of the Department/  
Centres/ Officer/ Section-in Charge/ Superintendent with seal

**NOTE:**

1. Allotment of rooms in the International Guest House will be made subject to advance payment of charges.
2. Cost of food and other services will be charged separately by the Agency engaged in the International Guest House.