

**KALASALINGAM ACADEMY OF RESEARCH AND EDUCATION**  
 (Deemed to be University Under Sec.3 of UGC Act 1956)  
 Anand Nagar, Krishnankoil 626 126

**GUEST HOUSE ROOM REQUISITION FORM FOR  
 PARENT OF HOSTEL STUDENT**

Date:

Name of the Student		
Register No		
Department/Institution		
Year & Section		
Hostel Name & Room Number		
Name of the Parent		
Address & Contact Number		
Type of Accommodation Required	A/C Double / Non A/C Double / Non A/C/ Single (Rs.400) / (Rs.200) / (Rs.200)	
Number of Rooms Required		
Purpose of Visit		
Probable Check in Date & Time		
Probable Check out Date & Time		
Payment Details <i>(payable @ guest house during the time of room allocation)</i>	Paid by Student / Parent	
Signature of the Student	Name of the Warden	
	Contact Number	
	Signature of the Chief Warden/Deputy Warden	
Signature of the Guest House Supervisor	<b>REGISTRAR</b>	

**Note**

- \* Rooms are subject to availability.
- \* Rooms will be allocated after confirmation of guest house supervisor. (Contact no: +91 99445 87603).
- \* Parents only allowed to stay in the guest house.
- \* Students are strictly not allowed to stay in the guest house.