

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

Date:

GUEST HOUSE REQUISITION FORM

Name of the Applicant& contact No.				
Designation				
Department / Institution				
Name of the Guest& Address and contact No.				
Type of Accommodation required	A/C Double / Non-A/C Double/Non-A/C Single			
No. of Guests				
Purpose of visit				
Probable date & time of check in				
Probable date & time of check out				
Boarding details		Break-fast	Lunch	Dinner
	Nos.			
Payment details	Paid by Guest / Paid by Dept./ Paid by Institution			
Signature of the Applicant	Head of the Department / Institution			
Permitted / Not permitted				
REGISTRAR				
FOR OFFICE USE				
Type of Guest Room Provided	A/C Double / Non-A/C Double/ Non-A/C Single			
Check in date & time				
Check out date & time				
No. of occupation				
Amount paid, if any (Vr. No)				
Boarding details (Vr. No)				
Signature of the Guest House Supervisor	REGISTRAR			