J. C. Bose University of Science and Technology, YMCA, Faridabad

(Recognized by UGC under Section 2 (f) & 12 (B) of UGC Act, 1956 | Accredited 'A' Grade by NAAC)
(A State Govt. University established wide State Legislative Act. No. 21 of 2009)
Sector-6, Faridabad, Haryana-121006
Website: www.jcboseust.ac.in Email: guesthouse@jcboseust.ac.in

FORM FOR BOOKING OF ACCOMMODATION IN UNIVERSITY GUEST HOUSE (UGH)

Name of University Employee (Requesting booking for the Guest/s)

Prof./Dr./Mr./Ms._____

Designation: _____

Department/Office: _____

Mobile No.: _____

Sign._____ Desired Room Type: AC ☐ NON-AC ☐

Date (DD/MM/YYYY): _____/ _____/ _____

Purpose of Visit (Please Tick √ one)

Official ☐ Personal ☐

Category of Booking (Please Tick √ one)

A. Official Guests – JCBUST ☐
B. Official Guests – Other Inst. ☐
C. Non-Officials – Personal ☐

Category of Room Required (Please Tick √ one)

Single ☐ /Double ☐ /Suite ☐

Description of Official Visit (if applicable)

_____

_____

Sr. No.	Name/s of the Guest	Designation & Organization	Mobile No.	Arrival Date	Arrival Time (AM/PM)	No. of Days	ID No.
1.							
2.							
3.							

Whether guest/s requires accommodation for 'Supporting Staff': **YES** ☐ **NO** ☐

Note: If the stay of guest is expected to extend beyond above mention days, a fresh approval needs to be submitted in advance.

Foreigners need to provide Country: _____ Contact No: _____ Passport No: _____

UNDERTAKING (IN CASE OF PERSONAL GUEST):

I have gone through tariff and undertake to clear dues at the time of vacating the room.

Signature _____ Name of University Employee (In Cap's): _____

RECOMMENDATION OF THE CONCERNED DEPARTMENT / OFFICE

Signature _____

Name: _____

Official Seal

FOR UGH OFFICE USE ONLY

Availability status and Advance booking of Room/s: Available ☐ Not Available ☐

Flat/Room No.	Booked for Sr. No.	From	To	Category of Room	Remarks (if any)
				Single ☐ /Double ☐ /Suite ☐	
				Single ☐ /Double ☐ /Suite ☐	
				Single ☐ /Double ☐ /Suite ☐	

Submitted for orders, please.

Office of UGH

Approval of Registrar

Register Sr. No.: _____	Payment Received (For Category B/C only): _____	Receipt No.: _____