



# AIIMS MANGALGIRI

## GUEST HOUSE ALLOTMENT FORM

|                               |                    |                |
|-------------------------------|--------------------|----------------|
| Name of the Applicant         |                    |                |
| Designation                   |                    |                |
| Department                    |                    |                |
| Address                       |                    |                |
| Identity proof * - Type       |                    |                |
| Number                        |                    |                |
| Mobile No                     |                    |                |
| E-Mail ID                     |                    |                |
| Purpose of visit              | Private / Official |                |
| If Official, Reason for visit |                    |                |
| Duration of stay              | Check in Date      | Check out Date |
|                               |                    |                |
| Room required                 | Single / Double    |                |
| Kitchen services required     | Yes / No           |                |
| Names of accompanying persons | 1.<br>2.<br>3.     |                |

- Rooms are allotted on nontransferable basis
- A self-attested photocopy of ID to be attached by the applicant
- Guest house premise is No-Smoking and Alcohol-free zone.
- Damage to guest house property will be charged as per decision of competent authority.
- Management is not responsible for the valuable items of the guests
- Food is available on pre booking basis
- Check-out timing – 12 PM

Recommended /Forwarded by with Seal

Signature of the applicant

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**For Office use Only \***

Room available: Yes / No

Room number allotted:

Payment: Free / payment basis

Charges for the Room / Day: Rs

Advance paid:

Category of allotment: AIIMS Faculty / AIIMS Guest / AIIMS Staff / Others

Signature of Care Taker

Signature of Faculty I/C Guest house