**Jaypee University of Information Technology, Waknaghat Solan H.P**

**REQUISTION FORM FOR BOOKING OF THE FOLLOWING (Pl tick)**

**SOR Guest room**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **NAME OF FACULTY/STAFF & DESIGNATION**  **(Will not be booked in the name of student)** | |  |
| **2** | Telephone/Mobile no: | |  |
| **3** | Department | |  |
| **4** | **DATE AND TIME FROM (GUEST ROOM REQUIRED**) | | **DATE AND TIME UPTO REQUIRED** |
|  |  | |  |
| **5** | **TOTAL NUMBER OF GUEST(S)**  MALE SINGLE **Official**  FEMALE SINGLE **Personal**  COUPLE  CHILDREN ABOVE 5 YEARS | | |
| **6** | **RELATIONSHIP OF GUEST WITH REQUISITIONER**  BLOOD RELATION  RELATIVE  FRIEND | | |
| **7** | **MEALS REQUIRED**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DATE** | **DATE** | | **DATE** | **DATE** | | **DATE** |  |  |  | |  | | BREAKFAST |  |  |  | |  | | LUNCH |  |  |  | |  | | DINNER |  |  |  | |  | | | |
| **8** | Remarks of Administrative Officer | Available/Not Available | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Requisitioner Recommended / Not Recommended **Registrar**

**Approved / Not Approved**

**University Guest**

**Debit to Requisitioner**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vice Chancellor**

FOR OFFICE USE ONLY

Request received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Administrative Officer**

**Responsibilities/ Distribution**

1. Security Guard/Caretaker for opening / Closing as per order date and time.
2. Head House Keeping for Proper Layout/cleanliness of SOR/Guest Rooms all the time
3. Annapurna for Meals (if required)