Jaypee University of Information Technology, Waknaghat Solan H.P



REQUISTION FORM FOR BOOKING OF THE FOLLOWING (PI tick)

GUEST ROOM

•							
1	NAME OF FACULTY/ST		_				
	(Will not be booked in	n the name of s	student)				
2	Telephone/Mobile no:						
3	Department						
4	DATE AND TIME FROM (GUEST ROOM REQUIRED			D) DATE AND TIME UPTO REQUIRED			
5	TOTAL NUMBER OF GUEST(S):						
	MALE SINGLE						
	FEMALE SINGLE						
	COUPLE	ABC					
	CHILDREN ABOVE 5 YE	ARS					
6	RELATIONSHIP OF GUE	EST WITH REQU	ISITIONFF	₹			
U	BLOOD RELATION						
	RELATIVE						
	FRIEND						
	MEALS REQUIRED						
		DATE		ATE	DATE	DATE	
	DATE						
7	BREAKFAST						
	LUNCH						
	DINNER						
	-		•				
•	Remarks of Administrative Officer Av				vailable/Not Available		
8	Remarks of Administrative Officer				Mot Available		
<u></u>	-tf.th - Di-iti				D		
Sign	ature of the Requisitione	r			Recommended/Not Recommended Registrar		
		Approved/	Not Appr	roved	Registiai		
		, the lotter	ot Appi				
		Vice Chancellor					
		FOI	ROFFICE	USE ON	LY		
Requ	uest received on		Time				
-1-							

Signature of Administrative Officer

Responsibilities/ Distribution

SOR

- 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)