



**INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR
INSTITUTE GUEST HOUSE**

Phone No.: +91-33-2668 2223; +91-6289605006 Email: guesthouse@iiests.ac.in

APPLICATION FORM FOR BOOKING OF ACCOMMODATION

1. Name(s) of visitor(s):
(IN BLOCK LETTER) 1. _____
2. _____
2. Relation with the person making booking: _____
3. Full postal address and mobile no. & E-mail ID of visitor:

4. Year of passing and discipline (for alumni): _____
5. Arrival date: _____ Time: _____
6. Departure date: _____ Time: _____
7. Purpose of visit: _____
8. Category (put \surd): A1 A2 A3 B1 B2 C
9. Type of room (put \surd):
AC double bedded room No. of rooms: _____
AC single bedded room No. of rooms: _____
AC double bedded room on sharing basis
Lounge
10. Details of person booking the accommodation:
Name: _____
Designation: _____
Department/school/center: _____
Address: _____
ID No. (for student): _____
11. Payment will be made by: Guest Person making booking
12. Requirement of food on arrival: Yes No Veg Non-veg

Signature of the person making the booking with date

Recommended

Signature of the recommending authority with date and seal

(Office use only)

Room Allotted: _____ Category: _____ Rate: _____

Signature of the In-charge
Guest House, IEST Shibpur

Register Sl. No.

Bill No. Amount collected:

Signature of the Contractor