



Inter University Centre for Teacher Education (IUCTE), BHU
Sunder Bagia Nariya BLW Road, Varanasi – 221005
Emai: iucteguesthouse@iucte.ac.in PhoneNo. 0542-2989938

Application for the Stay in Guest House

1. Name of the Guest (In Block Letter) :
2. Mobile No. :
3. Designation with full address :
4. Purpose of Visit :
5. Duration of Stay & No. of Rooms/Suites :

	Arrival	Departure	Total No of Day
Date			
Time			

6. Relation of the Applicant with Guest :

UNDERTAKING

I am responsible for:

- (a) The conduct of the Guest during stay
- (b) To vacate the room (s) on the stipulated date and time
- (c) To deposit any rear of payment of Guest.

Full signature of the applicant

Name:

Designation:

Faculty/Institute/Department:

Employee No./Staff No.

Mob. No.

Email ID

Forwarded by
 Director/Joint Director/Sr. A.O.
 (Seal)

- N. B. : (a) Reservation will be made only on receipt of 80% Advance**
(b) Payment receipt will be generated after check out of room
(c) In case of cancellation, one-day allotment charge be deducted and the rest amount will be refunded.
(d) Check in to check out time less than 24 hrs. is counted as on day for allotment of rooms.
(e) Meals will be available only prior notice/order.

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 For Office Use only

Received Advance Rs. from..... Deptt. of
 From..... To

Signature of Recipient
IUCTE Guest House