



CUTN GUEST HOUSE

CENTRAL UNIVERSITY OF TAMIL NADU

Nagakudi Campus, Selvapuram (post), Thiruvarur - 610 101.

☎: +91-9442488408/ email: guesthouse@cutn.ac.in

REQUISITION FORM FOR GUEST HOUSE ACCOMMODATION

Request for : *Single/ Double – AC/ Non-AC Room*

Category : *A/ B/ C/ D*

Accommodation required : From _____ to _____
Arrival Time: _____ Departure Time: _____

Name of the Guest : _____ Age: _____ *Male/ female*

Designation : _____

Full Address of the Guest with contact /Fax No : _____

The Guest is a : *Officially invited Guest / Parent of Student / Guardian of the student/ Close relative of CUTN employee/ Supplier / Contractor / Others (Pl. specify)* _____

Purpose of Visit : *Unofficial/ Official (Pl. specify)* _____

Nationality : _____ Passport Number: _____ (Foreign delegates only)

Name(s) and nationality of person(s) accompanying	Relationship with the Guest	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The visitor(s) will be treated as CUTN Guest for Competent Authority sanction, please refer to sanction No. _____ Dated _____ (enclose copy)

Undertaking:

(To be given by the faculty members/ non-teaching staff/ student(s) requiring accommodation for their guests/parents)

- Certified that the visit of the guest(s) is **official/personal**. I take responsibility for the payment of bills (if any) of the Guest House.
- The guest(s) is (are) personally known to me and I am responsible for his/her conduct.
- I hereby undertake to vacate the room in the Guest House, if allotted, on the expiry of the sanctioned period. In case I fail to do so, I will be liable to be charged penal rent (if any).
- I have read the CUTN Guest house terms & conditions of and these are acceptable.

Date _____

Signature _____

Name _____

Designation _____

Department _____

Contact No. _____

Employee/ Reg. No. _____

Signature & Seal of Head of Dept./ Centre/ Section/
Warden/ Recommending/ forwarding Authority

Faculty In charge
(CUTN Guest House)