



Pls. print both pages, back to back

# 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

**Date:** \_\_\_\_\_

Request for : *Single/ Double – AC/ Non-AC* Room - No.of rooms: A/c\_\_\_\_, Non A/c\_\_\_\_  
Category : *A/ B/ C/ D*  
Food : Required/Not required: give details as per Annex-1  
Accommodation required : From \_\_\_\_\_ to \_\_\_\_\_  
Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Name of the Guest : \_\_\_\_\_ Age: \_\_\_\_\_ *Male/ female*  
Designation : \_\_\_\_\_  
Full Address of the Guest : \_\_\_\_\_  
With contact : \_\_\_\_\_  
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 including food charges (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)

(P.T.O)

**REQUISITION FORM FOR FOOD IN CUTN GUESTHOUSE**

**Date:**

Request for : Breakfast/ Lunch/Dinner  
Menu : Normal / Special  
Sanction Order Number : \_\_\_\_\_ Dated : \_\_\_\_\_ (enclose copy)  
Breakfast : # \_\_\_\_\_ on \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
Lunch : # \_\_\_\_\_ on \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
Dinner : # \_\_\_\_\_ on \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
Optional(s) : # \_\_\_\_\_ on \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
: # \_\_\_\_\_ on \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

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