App / No.

## International Hostels, Anna University, Chennai – 25.

Application Form for Allotment of Rooms

(Fill the form with Capital Letters)

Name of the Applicant : (in Block Letters)	Telephone No. Off. : Res. : Intercom No. :
Designation :	intercontino.
Department / Address :	Cell No. :
Name, Address and Designation of the Guest	:
Mobile No.	:
Purpose of visit* (*Recommendations of HOD/Director / Dean is essential if purpose of visit is offic	: cial)
Probable Date and time of Arrival	:

No. of Rooms / Facilities required in the International Hostels:

Type of Room (Air –conditioned)	Rent Amount per day per person	Proposed period of stay (Date)		No. of	Total	Total
		From	То	persons	No. of Days	Amount to be paid
Deluxe	Rs.1000/-					
Ordinary	Rs.500/-					

Payment / Advance payment by :

Online Transfer only (UPI / NEFT)

Amount: Rs. Dated:

Rent Payable: by the Department / by the guest at the time of arrival

Date:

			Se	al
Signatu	re of the Applican	nt	Signature of HOD	/ Director / Dean
Availability of Doomo		For Office Use only Room No. Allotted	y	
Availability of Rooms	: Yes / No	Room no. Allotted .		
Receipt No. & Dt.		Amount Paid		
Asst		Manager		Executive Warden