



NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING AND RESEARCH
SECTOR 26, CHANDIGARH – 160 019
(Deemed University - Distinct Category)

GUEST HOUSE BOOKING FORM

1. Name of Visitor :
2. Designation/Occupation :
3. Postal Address :
- Telephone No. :
- E-mail ID :

4. Arrival Date & Time :

DD	MM	YYYY	Hrs.

5. Departure Date & Time :

DD	MM	YYYY	Hrs.

6. No. of Rooms Required :

7. No. of Person (s) :

8. Details of Person making the Booking: -

(a) Name:

(b) Designation, Institute / Dept./Centre:

(c) Telephone No.: E-mail ID:

9. (a) Guest House Preference : (i) Tagore Hall (G.F) ☐ (ii) Amartya Hall (G.F) ☐ (iii) M.T. Hall (G.F) ☐
(iv) Raman Hall GH-II ☐ (v) Har Gobind Khorana GH-I ☐ ***

*** Approval of Director / VC is mandatory for booking rooms in Har Gobind Khorana GH-I

(b) Applicable Charges (in Rs.):

10. Nature of Booking: - a) Booking for self / relative * ☐ * (Undertaking is compulsory) b) Booking for Guest ☐

11. Charges to be paid by:

(a) ☐ By Guest (b) ☐ By Person making the booking (Applicant) (c) ☐ *** Free (Institute Guest)

Declaration: I hereby declare that the above details are true and correct to the best of my knowledge. I take full responsibility to ensure that my guest / myself will abide by all the rules and regulations of the Guest House.

Signature of Applicant

Date:

FOR OFFICE USE ONLY			
Register Entry No.	Guest House Provided (As Per Availability)	Room No.	Staff Signature

Member Convenor
Guest House

Staff Incharge
Guest House

Chairperson
Guest House

***Director / VC

Note:-

- ❖ For any other information, kindly contact: **Guest House Reception No. (O) 0172-2759512/511.**
- ❖ In case of official booking, scanned copy of request can be sent (guesthouse@nitttrchd.ac.in) or can be submitted directly at Guest House -1 Reception. Please read rules and regulations for availing accommodation in Guest House before booking.
- ❖ *** Free booking of the Guest House will be permitted only after obtaining approval from the Director / Vice-Chancellor (VC).



**NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING AND RESEARCH
SECTOR-26, CHANDIGARH -160019**

(Deemed University - Distinct Category, Ministry of Education, Government of India)

UNDERTAKING

I, _____ (Name of the Employee), Designation _____, Employee ID No. _____, presently working in _____ (Department/ Centre / Section) of the Institute, hereby give this undertaking for availing Guest House accommodation.

I hereby declare that the Guest House accommodation is being requested for my immediate family member (blood relative), namely _____ (Name & Relationship with the employee).

I understand and agree to the following conditions:

1. The Guest House accommodation for institute employees and their immediate family members is permitted for a **maximum period of 10 days in a calendar year (January to December)**.
2. The accommodation will be allotted **subject to availability** and as per Institute norms.
3. **Room charges shall be borne and paid by me i.e.** the undersigned institute employee.
4. I undertake that my guest shall abide by all the rules and regulations of the Institute Guest House during the stay. I will personally be responsible for any violation of any rules / regulations.
5. I confirm that the information provided above is true and correct. In case of any violation of rules or submission of incorrect information, the Institute may take appropriate action against me as deemed fit.

Date: _____

Place: _____

Signature of the Employee: _____

Name: _____

Designation: _____

Employee ID No.: _____

Department/ Centre / Section: _____