



**APPLICATION FORM FOR RESERVATION OF ACCOMMODATION IN GUEST HOUSE**

1. Name \_\_\_\_\_ Designation \_\_\_\_\_
2. Official Address \_\_\_\_\_
3. Aadhar Card/Pan Card No \_\_\_\_\_ Contact No \_\_\_\_\_
4. Email ID \_\_\_\_\_
5. For whom (Name) \_\_\_\_\_ Relation \_\_\_\_\_
6. Whether applicable (Please tick any one of the following:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Staff of SUPVA, Rohtak and DTE. Haryana  
Staff of other University/Govt. Institutions/ Semi Govt. Institutions  
Guest of University Staff  
Others

7. Number of Rooms required (i)AC \_\_\_\_\_
8. Dates from \_\_\_\_\_ to \_\_\_\_\_
9. University Cashier receipt No \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ attached

Instructions

1. Meals will not be served in rooms.
2. The reservation may be cancelled in the event of any emergency.
3. Payment toward reservation of room(s) will have to be remitted in advance. .
4. Check-out time shall be 12.00 Noon.
5. Damage if any, cost of item will be borne by the applicant.
6. Gambling, Smoking and consumption of liquor is strictly prohibited in the Guest House.
7. Meal timings in the dining hall is to be strictly adhered to.
8. Only authorised person with close relation of the applicant is allowed to stay in the rooms.
9. In all cases, applicant is responsible for any type of mis-happening, losses and damage of items

I have read above instructions carefully & will abide by all the all Rales& Regulations of the University

Remarks: Allowed, if available.

Signature of applicant

\_\_\_\_\_  
(Registrar)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospitality Consultant