INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, DESIGN AND MANUFACTURING, KANCHEEPURAM



भारतीय सूचना प्रौद्योगिकी, अगभकल्पना एवं गवगनर्ााण संस्थान, कांचीपुरर

An Institute of National Importance under the Ministry of Education, Government of India)

Melakottaiyur, Off Vandalur-Kelambakkam Road, Chennai-600127

Ph: +91 44 2747 6334 Email: guesthouse@iiitdm.ac.in

REQUEST FORM FOR ASHWATHA GUEST HOUSE ACCOMMODATION

| S.No | PARTICULARS | | | DETAILS | | | | | |
|------|---|--|--|------------------------|--|---------|--|--|--|
| 1 | Name of student / faculty / | staff | | | | | | | |
| 2. | Roll No. / Employee ID | | | | | | | | |
| 3. | Mobile No. of student / fac staff booking the room | culty / | | | | | | | |
| | Names of the guests and | | | Name | | Sex | Relationship | | |
| 4 | Relation with the student | 1. | | | | | | | |
| | / faculty / staff | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | (enclose government issued | 4. | | | | | | | |
| | identity cards) | | | | | | | | |
| 5 | Address of the guest | | | | | | | | |
| | | | | | | | | | |
| 6 | Mobile No. of the guest | | | | | | | | |
| 7 | Purpose of Visit | | | | | | | | |
| 8 | Charges will be paid by | Guest Facult | • | ff Student Student Eve | | | $\overline{\mathcal{C}}$ | | |
| | (Competent Aut | thority prior sanction letter to be attached in the case of institute guest) | | | | | | | |
| | | Date | | | | Time | | | |
| 9 | Expected arrival | | | | | | | | |
| 10 | Expected departure | | | | | | | | |
| 11 | Type of room required | | oom with an AC room with and attached bathroom | | | | Non-AC room without an attached bathroom | | |
| 12. | Charges from NOV 2024 | INR 168 | 30 | INR 1120 | | INR 672 | | | |

The charges are inclusive of GST 12%

Terms and Conditions

I hereby undertake to make sure that the guest will vacate the room in the Ashwatha Guest House before the expiry of the sanctioned period and pay the penalty at the rate of 4 times of the normal charges if failed to do so. I have read the terms & conditions and these are acceptable for me.

| Date | Signature of the student / faculty / staff / guest | | | | | | | |
|---------------------|--|-------------------|-------------------|-------------------|----------|--|--|--|
| Department | Nam | | | | | | | |
| Verified the | Not verified the | Approved AC | Approved AC | Approved Non-AC | Not | | | |
| relationship of the | relationship of the | room with an | | room without on | Approved | | | |
| student with guests | student with guests | attached bathroom | attached bathroom | attached bathroom | Approved | | | |

I verified the relationship of the student with the guests using government issued identity cards.

Co-ordinator of Council of Warden or PIC of Guest House / ChiefWarden

Note: This application should be submitted at least 48 hours before the expected arrival of the guest for approval at hostel administration office. If a guest is filling the form, fill 4 to 12 (neglect 1 to 3) and attach an invitation copy received from HITDM