BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY
VIDYA VIHAR, RAEBARELI ROAD,LUCKNOW

GUEST HOUSE INDENT FORM

Dated:_____

UNIVERSITY/OFFICIAL/SEMI-OFFICIAL/PERSONAL GUEST

1. Name of the Guest (in block letters) _____
2. Designation with full address _____
3. Name of person accompanying the guest _____
4. Purpose of visit _____
5. Date and Time of arrival _____
6. Date and Time of departure _____
7. Duration of Stay(no.of days) _____
8. Details of date-wise schedule of boarding facilities required:

Date	No.of Breakfast	No.of Lunch	No.of Dinner	Remarks,if any

I am responsible for: (Semi-Official/Personal Guest)

1. The conduct of the guest during stay.
2. If he/she fails to make payment of lodging and boarding charges,these charges may be deducted from my salary.

CERTIFICATE

It is certified that the above mentioned guest has been invited by the University/Department after approval of C.A. on _____for which T.A./D.A. is to be paid by BBAU to attend meeting (E.C./A.C./Via-Voice and other examination works)S.C./B.O.S._____meeting.

Full Signature
Name _____
Designation_____
Deptt./Section_____

FOR UNIVERSITY GUEST/OFFICIAL GUEST ONLY

Dean/Head/Co-ordinator/Section Head
(SEAL)

Signature of the
Registrar/C.E./Dy.Registrar/S.O.
Name with Designation_____

FOR OFFICE USE ONLY

Received payment of Rs_____ against application diary/bill No._____dated_____

Signature of Recipient

N.B: For details of rules & regulations pertaining to University Guest house, please visit University website.