

HOSTEL BOOKING FORM
(CHECK OUT TIMING: 12:00 PM)

1	Visitor Name:	:	Address:
2	Mobile No:	:	
3	Hostel Requirement period	:	From _____ to _____
4	Purpose of the visit	:	
5	Do you have cough, cold, fever?	:	Yes / No
6	Have you travelled by air while coming to NITTTTR Chandigarh?	:	Yes / No
7	Have you or your any family member visited any foreign country in the last 15 days?	:	Yes / No
8	If yes, name of the country.	:	
9	Did you came in connect with any person who returned from foreign country with in last 15 days?	:	Yes / No

Date.....

Signature of the visitor

Detail of person making booking

1	Name:	:	
2	Mobile no:	:	
3	Designation/Dept.	:	
4	ME/PhD. student Roll No./Room No.	:	

Recommended BY HOD

Signature of applicant

Note: (1) Smoking and Alcohol Drinking is strictly prohibited in the Hostel.

(2) One day prior approval is required for allotment of room to Guest and ME Thesis Student.

1	Applicable charges	
2	Receipt No. and Amount	Rs.
3	Advance	
4	Outgoing Date	
5	Entry register no.	
6	Room number	

Hostel Attendant

Hostel Warden
(Hostel Administration)

Junior Secretariat Assistant
(Hostel Administration)