

SHARDA REST HOUSE
REQUEST FORM FOR REST HOUSE & INFRASTRUCTURE

To,
The Manager
Sharda Rest House

Date : ...17.10.2023.....

REQUEST FOR GUEST HOUSE BOOKING

1. Name of the Guest : Arun Sasidharan _____ Total Nos : (1) _____
2. Occupation : Dy. Director Mobile No : 9311578005 Email ID : _____
3. Address : Sharda University, Greater Noida _____
4. Purpose of Visit : Official _____
5. Date of Arrival : 18/10/2023 Check in Time : 10:00 AM _____
6. Date of Departure : 19/10/2023 Check Out Time : 05:00 PM _____
7. Rooms Required : (01) Category A B Y C D
8. Backend Supporting Staff Required (If any – describe) : _____
9. Snacks & Food Required (use Nos) B/Fast Y Lunch Y Evening Snacks Y Dinner Y _____
10. Transportation Required (Please Specify) _____ N.A. _____
11. Any Other requirements (Please Specify) _____ N.A. _____

REQUEST FOR INFRASTRUCTURE BOOKING

1. Name of the Activity : _____
2. Date of the Activity to be held on : _____ Timings:- From : _____ to _____
3. Number of Cabins required : _____
4. Conference Room Required : Yes/No
5. Backend Support Staff Required : Yes/No
6. Snacks & Food Required : Yes/No
7. Any Other Requirements (please specify) : _____

1. Name of Requisitionist : _____
2. Designation : _____ Department : _____
3. Contact No : _____ Email ID : _____
4. Boarding/Lodging charges will be paid by The College The Guest The Requisitionist _____

Signature of Requisitionist

OFFICE USE ONLY

Is the visitor be treated as the Institute Guest? Yes No

If Yes : Name of the Authority (Who has referred to Guest) : _____

Signature of Director

Signature of Manager, Rest House