

Application for Allotment of Rooms in Guest House

The Tamilnadu Dr.M.G.R. Medical University,
69, Anna Salai, Guindy, Chennai – 32.
(Fill in the form with Capital Letters)

Name of the Applicant :
(in Block Letters)

Telephone No. Off:

Resi :

Designation :

Cell No.

Institution / Address :

Name & Address and
Designation of the Guest :

Purpose of Visit *
(*Recommendations of HOD/Director/
Dean is essential purpose of visit is
official)

Probable time and Date of arrival :

No. of Rooms /Facilities required in the Guest House

Type	Total	Proposed period of stay From	Proposed period of stay To
AC Suites			
AC Single Rooms			
Others			
Total No.of Rooms/Persons			

Details of advance payment: Cash/ DD.No./Online remittance _____ Date.....Amount
_____.

Rent payable: by the Institution / by the Guest at the time of arrival

Date:

Signature of the Applicant

Signature of HOD/Director/Dean

For Office Use only

Availability of Rooms – Yes/No

Rent Category:AC Single Rooms/AC Suites

Rooms Allotted :

Asst. /ASO

AR (ESTT) / P.R.O.