



UNIVERSITY OF LUCKNOW LUCKNOW

Proforma for requisition for guest house accommodation

Booking type (Tick one)

Room

Dormitory

Name of the Guest/s	Address	No. of Rooms/Beds	Duration of Stay		Purpose of Visit	Payment by Dept./ Self
			From	To		

Signature of Applicant _____

Name of Applicant _____

Designation _____

Dept./Office _____

Forwarded by _____

Head of Department / Office (Stamp)

For Office Use Only

Room Available / Regret
Caretaker

In Charge
University Guest House