



INFORMATION AND LIBRARY NETWORK CENTRE

(An Inter University Centre of University Grants Commission)

Infocity, Gandhinagar - 382007

Email : adminofficer@inlibnet.ac.in, Phone: 079-23268121&23268000

GUEST HOUSE ACCOMMODATION REQUEST FORM

Date:

Name of Applicant :

Designation : Email:

Address :

.....

Purpose of visit Please Tick	
Official	Personal

Sl. No	Name/s of the person/s who require GH Accommodation	Designation & Organization	Relationship	Age	Gender
1					
2					
3					
4					
5					

Address of Guest:					
Contact No.:		Fax No.:		E-mail.:	
Arrival Date & Time:			Departure Date & Time:		
Foreigners need to provide	Country:	Contact No:	Passport No:		

Payment: **By Guest** / **By INFLIBNET Centre** / **INF Project** (The Guests are requested to follow the guidelines for Guests.)
 Signature: Name:

Recommendation of the Concerned Official

The guest is personally known to me and I am responsible for his/her conduct. If he/she fails to make payment of lodging/boarding charges, the same may be made by me.

Signature: Name & Designation:

For Office Use

Room No: booked for: From To

Category of Guest: **VIP** / **Semi VIP** / **Double** / **Single**

Date:

Administrative Officer(PA&F)

- All the details are mandatory. Incomplete requests will not be entertained.
- Guests are requested to produce ID cards.

Copy to: 1) Caretaker, Guest House, INFLIBNET 2) Security, INFLIBNET 3) Admin GH Booking File