## PONDICHERRY UNIVERSITY

## R. Venkatraman Nagar – Kalapet Pondicherry – 605014

## Indent Form for Accommodation in the University **Guest House-II**

Sl.		No.			
No.	INDENT	Date:-			
01	Name & Designation of the Indentor Phone No/ Mobile No				
02	School /Department/Centre/office				
03	Name (s) of the Guest (s) with Designation and Address. (1. Please mention the No. of guests for	1.			
	whom accommodation is required).	2.			
	(2. Please use a separate sheet if space is	3.			
	insufficient).				
		4.			
04	Purpose of the visit of the Guest(s)	Official/Personal visit			
05	Name of the Seminar/Workshop/Event/ Meeting (Copy of the approval to be				
	enclosed).				
06	Accommodation required in a Double	1. Double room - singly occupied			
	Room or a Suite.	2. Double room - doubly occupied			
		3. Suite - singly occupied			
07	D. *. 1 . 6 C/.	4. Suite		ltiple occupa	ancy
07	Period of Stay	From (Da Time)	ite &		
		To (Date d	& Tima)		
		10 (Date o	x Time)		
08	Will the payment for the occupied	Yes/No			
	rooms will be made by the Guest (s).				
	If not who will pay the charges.	By the De	partment/B	y the Indent	or/or by
09		Others:			
		(please specify)			
10	If the payment will be made by the		Yes	/No	
	Department, whether financial sanction				
	obtained to meet the expenditure (Copy of				
11	the sanction to be enclosed).				
11	If yes, under which Head, the room rent will be charged.				
12	<b>Boarding Details</b>	Date	Breakfas	t Lunch	Dinner
	(Please tick, if required)	Date	breakias	Lunch	Diffier
13	Any other information, the indentor would				<u>I</u>
	like to give.				
14	Approval of the Head of the				
	Department/Dean of the respective				
	Schools/University authorities (with seal).				

Date: Designation Indentor's Signature

	For the use in Guest House-II Office					
15	Whether rooms are available on the requested date.	Available/Not available.	Available/Not available.			
16	If yes, Room Nos. allotted to the Guests.	1. Name of the Guest:	Room No.			
		2. Name of the Guest:	Room No.			
		3. Name of the Guest:	Room No.			
		4. Name of the Guest:	Room No.			
17	Any other information.					
18	Approval may be given for Indent No.					
	dt	Approved/ N	Approved/ Not approved			
	REGISTRAR	OFFICER ON SPECIAL	OFFICER ON SPECIAL DUTY (GH)			

Charges for Indent No.----- Dated: Rs: -----

19	Rooms found in order after the Guest (s) left.	Yes/No.  If No, a detailed report should be given separately by the Guest House Office to the Registrar's Office.		
20	<u>Charges:</u>			
	Double Bedded Room: Rs.300/- per head/day	Guest 1:	Guest 2:	
	(for university purposes) <b>Rs.700/- per head/day</b> (for non-university purposes)	Guest 3:	Guest 4:	
	Suite:  Rs.1,000/- per day for single occupancy (for university/non-university purposes)  Rs.1,500/- per day for multiple occupancy (for university purposes)  Rs.2,000/- per day for multiple occupancy (for non-university purposes)	Total amount:- Rs		
21	Paid by cash/cheque to be charged to the account as indicated on page 1 by the Indentor.	GH Cash Receipt No.  Amount:- Rs	Date:-	
22	Signature of Manager (GH)			
23	Signature of Officer on Special Duty (GH)			

- Note: (1) Any cash/cheque received must be deposited immediately in the GH Bank (A/c. No.6659358180) within 24 hours unless it is a Bank holidays.
  - (2) One copy of the Indent form must be maintained in the Guest House Office by the Manager (GH) for records.
  - (3) Accommodation would be provided only on prior booking and subject to availability of rooms and also as per norms.
  - (4) Accommodation cannot be claimed as a matter of right.