## PONDICHERRY UNIVERSITY R. Venkatraman Nagar – Kalapet Pondicherry – 605014 Indent Form for Accommodation in the University <u>Guest House-II</u>

Sl.		No.				
No.	INDENT	Date:-				
01	Nome & Designation of the Indenton	Date:-				
01	Name & Designation of the Indentor Phone No/ Mobile No					
02	School /Department/Centre/office					
02	Name (s) of the Guest (s) with Designation	1				
03	and Address.	1. 2. 3.				
	(1. Please mention the No. of guests for					
	whom accommodation is required).					
	(2. Please use a separate sheet if space is					
	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				
00	Room or a Suite.	<ol> <li>Double room - singly occupied</li> <li>Double room - doubly occupied</li> <li>Suite - singly occupied</li> <li>Suite - multiple occupancy</li> </ol>			1	
					-	
07	Period of Stay	From (Date &				
		Time)				
		To (Date &	k 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 Department/By the Indentor/or by				
09		Others:				
10		(please specify)				
10	If the payment will be made by the		Yes/	NO		
	Department, whether financial sanction obtained to meet the expenditure (Copy of					
	the sanction to be enclosed).					
11	If yes, under which Head, the room rent					
	will be charged.					
12	Boarding Details	Date	Breakfast	Lunch	Dinner	
	(Please tick, if required)	Date	Dicakiast		Dumer	
13	Any other information, the indentor would		1	I	1	
	like to give.					
14	Approval of the Head of the					
	Department/Dean of the respective					
	Schools/University authorities (with seal).					

	For the use in Guest Hou	1se-II Office			
15	Whether rooms are available on the requested date.	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/ Not approved			
	REGISTRAR	DEPUTY REGISTRAR (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 (for university purposes)	Guest 1:	Guest 2:		
	<b>Rs.700/- per head/day</b> (for non-university purposes)	Guest 3:	Guest 4:		
	Suite:	Total amount:- Rs			
	<b>Rs.1,000/- per day for single occupancy</b> (for university/non-university purposes)				
	<b>Rs.1,500/- per day for multiple occupancy</b> (for university purposes)				
	<b>Rs.2,000/- per day for multiple occupancy</b> (for non-university purposes)				
21	Paid by cash/cheque to be charged to the account as indicated on page 1 by the Indentor.	GH Cash Receipt No.	Date:-		
	account as matcated on page 1 by the indentor.	Amount:- Rs			
22	Signature of Manager (GH)				
	Signature of Deputy Registrar (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.