



## Requisition Form for Guest Room Booking

SITALKUCHI COLLEGE, COOCHBEHAR

Name of Applicant:

Booking Date:

Duration of Stay: from ----- to -----

Number of Days:

Guest Details:

Sl.No.	Name of the Guest/s	Gender (M/F)	Nature of visit	Aadhar No. / Passport ID	Remarks

Address of the Guest: -----  
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Guest's Mobile No:

Note: 1. Applicant has to submit requisition form in advance at least 2 days before.

2. Applicant has to deposit full payment for the booking period (@ Rs.100/- per night.

### Declaration

I/We will be held responsible if any of the above statements is found false. I/We also undertake all financial, responsibilities for loss or damage to guest room or SLKC belongings.

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Signature of the Applicant with date

### For Office Use Only

Booking @ Rs 100/- × ----- days =Rs. ----- in words (-----  
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APPROVED (Subject to Availability)

Cashier