University Visitor Hostel
Dr. Harisingh Gour Vishwavidyalaya, Sagar, M.P. 470002
(A Central University)
Email ID- guesthouse@dhsgsu.edu.in, **Tel. No. 07582-297166**

Requisition Slip

Accommodation:_____ **Single/Double (Mark)**

1. **Name of the Guest:**_____
2. **Gender:Male/Female** _____ **3. Age:** _____
4. **Designation with Address**_____

   _____
5. **Organization:** _____

S.No.	Name(s) of Person(s) accompanying the Guest	Relationship with the guest	Age
1.			
2.			
3.			
4.			
5.			

6. **Category of Guest:**(Official/Non-Official) _____
7. **Accommodation required:** No. of Room(s)_____

☐ **Referred by the University** ☐ **Other Institute** **(Please tick the box)**

From (Arrival date) _____**to (Departure date)** _____

Certificate by requisitioner: 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 will be made by me.

Forwarded by _____

Signature:_____
Name:_____
Designation:_____
MobileNo.:_____

Head of Department/Office(Stamp)

(Note: Incomplete Proforma will not be considered)

FOR OFFICE USE

Room No.:_____ **Booked for:**_____

From:_____ **to** _____ **Category of Guest:**_____

(Manager) **(Officer In-charge)**

Note: - The filled soft copy of the form can be send on Visitor Hostel Email ID (guesthouse@dhsgsu.edu.in) for Room Booking.