1. **REQUISITED BY:**
   Name: ________________________ Designation: ______________________________
   Cell No: ________________________ Signature: ______________________________
   Special Request if any: __________________________________________________

**Requisition Detail:**

<table>
<thead>
<tr>
<th>Complimentary</th>
<th>On Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Guests</td>
<td>No of Rooms Required</td>
</tr>
</tbody>
</table>

2. **FOCAL / RESOURCE PERSON OF REQUISITE (IF ANY)**
   Name: ________________________ Designation: ______________________________
   Cell No: ________________________

3. **PARTICULARS OF GUEST:**
   Guest Name: ________________________ Designation: ______________________________
   Organization: ________________________ Cell No: ______________________________
   Additional Guest: ________________________ Organization: ______________________________
   Arrival Date: ________________________ Departure Date: ________________________

4. **APPROVAL**
   For Office Use Only
   Approved [ ] Complimentary [ ] Not Approved [ ]
   On Payment [ ]
   Remarks: _____________________________________________________________

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**PRINCIPAL OFFICER**

Incharge University Guest House

Room Number: ________________________ Dated: ________________________

Amount Received: ________________________ Cheque / Draft: ________________________

Deposited in IUB account vide Challan No: ________________________

Incharge Guest House: ________________________