

**CHAUDHARY DEVI LAL UNIVERSITY, SIRSA**  
**REQUEST FOR RESERVATION OF ACCOMMODATION IN**  
**FACULTY HOUSE**

1. Name \_\_\_\_\_ Designation \_\_\_\_\_
2. Official Address \_\_\_\_\_ Contact No. \_\_\_\_\_
3. For whom (Name and Address, \_\_\_\_\_  
Relationship \_\_\_\_\_)
4. Whether: (i) Official OR (ii) Private OR (iii) Marriage (Son/Daughter) OR (iv)  
University Serving/Retd. Employees (Self/Close Relatives)
5. No. of Rooms required (i) AC \_\_\_\_\_ (ii) Non AC \_\_\_\_\_
6. Dates from \_\_\_\_\_ to \_\_\_\_\_ for which Rooms are  
required.
7. University Cashier receipt No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_
8. Purpose \_\_\_\_\_

**Instructions:-**

1. Photocopy of ID of the occupant is mandatory.
2. Meal will not be served in rooms.
3. The reservation may be cancelled in the event of any emergency.
4. Payment towards reservation of room(s) and meal will have to be remitted in  
advance.
5. Check-out time shall be 12.00 noon.
6. Damage if any, cost of item will be met by the applicant.
7. Smoking and consumption of liquor is strictly prohibited in the Faculty House.
8. Meal Timings in the dining hall is strictly adhered to.
9. Only authorized person with close relations of the applicant is allowed to stay in  
the rooms.
10. In all cases, applicant is responsible for any type of mis-happening, loses and  
damage of items.

I have read above instructions carefully.

**Signature of applicant**  
**Date** \_\_\_\_\_ **2017**

**FOR OFFICE USE**

Room No. AC \_\_\_\_\_ @ Rs. \_\_\_\_\_ and Non-  
AC \_\_\_\_\_ @ Rs. \_\_\_\_\_ per room per day may be  
allowed please.

**Care Taker**

**PS to Vice-Chancellor**

**Registrar**

**Vice-Chancellor**