

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