

NATIONAL INSTITUTE OF TECHNOLGOY, ARUNACHAL PRADESH - 791113

NITAP GUEST HOUSE

REQUISITION FORM FOR GUEST HOUSE ACCOMMODATION			
1. Name of the Guest	:		
2. Designation	:		
3. Postal address	:		
Telephone No.,	:		
Email ID	:		
4. Arrival & Departure:	Details	Date	Time
	Arrival		
	Departure		
5. No. of Rooms required	:		
6. No. of person (s)	:		
7. Purpose of Visit	:		
CAT – I: The visitor (s) wil	l be treated as Ins	stitute Guest for Co	ompetent Authority sanction,
please refer to sanction	10	Dated	(Enclose copy)
8. Details of the person ma	aking the booking	:	
Name:		Staff No:	
Designation :		Contact No:	
Department:		E mail ID :	
Date:		Signature:	

Certified that the visit of the guest(s) is official. I take responsibility for the endorsement of food bills.

Signature of the approving authority (With seal)

Guest House [I/C]