



AZAD HALL GUEST ROOM BOOKING REQUEST FORM

Please Tick Your Room Preference :

ALLARAKHA

Ground Floor

BHIMSEN

1st Floor

1. Name of visitor _____ Designation _____

2. Postal address & Cell Ph No. _____

3. Expected arrival : DD MM YY HRS

4. Expected departure : DD MM YY HRS

5. Category of the visitor : Azad Hall student's guest Other Hall student's guest Others

6. No. of person (s) to stay : _____

7. Person making the booking :

a) Name : _____

b) Employee Code/Roll No. : _____ Room No. & Hall Name : _____

c) Designation and Dept./Centre/School/Sec. : _____

d) Cell Number : _____

Date :

(Signature of the Student/Employee)

8. Signature of Azad Hall Office Staff :

(Signature)

For any other information, kindly contact Azad Hall Security Desk/Hall Office Tele. No. : (03222-281112/281110)