NEHRU GUEST HOUSE JAMIA MILLIA ISLAMIA NEW DELHI-110025 REQUISITION SLIP FOR ROOMS

			Date		
	•		_		
S. N		Relationship	Age		
Cat	tegory of the Guest	Official/Personal			
	commodation required	From (Arrival Date &Time)			
		To (Departure Date & Time)			
Cer	rtificate by requisitioner: Th	e guest is personally known to me and I am resp			
	· ·	of lodging/boarding charges. The same may be			
For	rwarded by	Signature	Signature		
		Name	Name Designation		
		Designation			
		Phone No			
Hea	ad of Deptt. /Office (Stamp)	Email			
For	Official guest(s): It is certified	hat the above mentioned guest has been invited by	the University/School/Centre		
on	to attend	for which TA/DA to th	ne guest is to be paid by JMI.		
		Signatur	re of Dean/HoD/Director/AR/A		
		(V	Vith official stamp)		
		FOR OFFICE USE			
om	Available/ Regret				
te:					
	Incomplete proforma will no				
	Please send this proforma at	•			
)	Confirmation will be send by				
<u>'</u>)	_	enclose relevant office order/letter			
))	Rooms are available (Yes Email address: guesthouse@	No)			

NEHRU GUEST HOUSE JAMIA MILLIA ISLAMIA NEW DELHI-110025 Cancellation proforma

Cancellation proforma		
	Data	

Application for the cancellation of Room/Dining Hall/Committee Room

Rooi	Room			
For	Double	Triple	Four	Six
1.	Name of the Requisitioner			
2.	Accommodation Required	•	•	
3.	Category of Guest	Official/Pe	•	
 Dinii	ng Hall			
	e of the Requisitioner			
Categ	ing Date & Time gorv	Official/ Pe		
Program		High Tea/ Lunch/ Dinner		
 Com	mittee Room			
	e of the Requisitioner			
Categ	ing Date & Time gory	Official/ Pe		
Forwarded by				Signature
				Name/Designation
				Phone No
Deptt	./ Office (Stamp)			

FOR OFFICE USE

Dealing Assistant Incharge

Performa for Booking Dining Hall (OLD/NEW/LAWN), Nehru House Jamia Millia Islamia, New Delhi-110025

	Date:	
1.	Name of Applicant/Deptt./Office/Centre	
	Contact Number	
3.	Purpose of programme	
4.	Official or Personal	
5.	Date and Time of Programme Lunch/Dinner	
6.	Number of guests invited (in words)	
	Name of Person responsible for the payment	
8.	Amount of advance payment	
Ho tha cas	ndertaking by requisitioner: I hereby undertake to abide by the rules and regulation buse and would not bring out own cook/bearer, eatables etc. from outside for the part the dining hall facility is not being used to organize marriage/reception. Number ose, would not exceed as mentioned above. In case of any damages caused to the operty, I will be responsible to pay for damages.	orty. We ensure of guests, in any
Sig De Ad En	ame: gnature: esignation & Deptt: Idress mail: ute:	
	r Official/Personal Booking: It is certified that the above mentioned booking is for ecified above.	the purpose as
	Signature of Dean/Head/I	Director/AR/AO
		(Official Stamp)
	(FOR OFFICE USE)	
Во	ooking confirmed/Regret	
Do	ealing Assistant	
De	calling Assistant	Incharge
No	ote: Lunch timing 12.30 pm to 2.30 pm	
	Dinner Timing 7.30 pm to 10.30 pm	
	Numbers of Persons (100 or less) are allowed for Dining Hall	
	For official booking Please enclose relevant office order/letter	
	Dining Halls are available (Yes / No)	

Email address: guesthouse@jmi.ac.in

NEHRU GUEST HOUSE JAMIA MILLIA ISLAMIA NEW DELHI-110025 Extension Proforma

Applic	ation for the extension o	f stay in Guest House		Date
For	Double	Triple	Four	Six
1.	Name of the Guest			
2.	Date of			
3.	Extension			
	Purpose of Extension Time of	From		
		'		
		-		
			_	
		Ema	ail	
Certifi	cate by requisitioner: The	et to availability of rooms) e guest is personally knowr of lodging/boarding charg	•	onsible for his/her conduct. made by me.
Signat	rded byure			
	nation No			
Deptt.	/Office (Stamp)			
		(FOR OFFICE	USE)	

Dealing Assistant Incharge

Extended / Rejected

Performa for Booking Committee Room, Nehru House Jamia Millia Islamia, New Delhi-110025

Date	
1. Name of Applicant/Deptt./Office/Centre	_
2. Contact Number	
3. Purpose of programme	
4. Official or Personal	
5. Date and Time of Programme	_
6. Number of Participants invited (in words)	_
7. Name of Person responsible for the payment	
8. Amount of advance payment	
Undertaking by requisitioner: I hereby undertake to abide by the rules and regulat	
House Committee Room. In case of any damages caused to the Guest House pr responsible to pay for damages.	operty, I will be
Name:	
Signature:	
Designation & Deptt:	
Address	
Email:	
Date:	
For Official/Personal Booking : It is certified that the above mentioned booking is for specified above.	r the purpose as
Signature of Dean/Head	I/Director/AR/AO
	(Official Stamp)
(FOR OFFICE USE)	
Booking confirmed/Regret	
Dealing Assistant	
Dealing / 13313 talle	Incharge
Note: Half Day: 4(Four) Hours	
Maximum (50 Person) are allowed for Committee Room	
For official booking Please enclose relevant office order/letter	

For Personal/Non Official programs administrative approval is required **Email address:** guesthouse@jmi.ac.in