



**INTERNATIONAL GUEST HOUSE
UNIVERSITY OF DELHI
DELHI-110007**

Tel. No. :-27662849, 27662850 & 27662909

FORM FOR RESERVATION OF ROOMS IN THE I.G.H.
(To be submitted in Triplicate)

1. Name of the Guest :- _____
2. Designation with Institutional Address :- _____
3. Nationality :- _____
4. Name & Relationship of the Person accompanying :- _____
5. Permanent address with telephone No. :- _____
6. Date & Time of arrival :- _____
7. Date & Time of Departure :- _____
8. Contact No. in case of emergency :- _____
9. Purpose of Visit :- _____
10. No. of Rooms required (Whether Single/Double) :- _____
11. Mode of Payment (by Guest or by the Department) :- _____
12. Amount paid in advance :- _____
13. Medical History (any serious disease) :- _____

Date: -

Signature of the Applicant
Mobile No.

- Note: - 1. 100% advance in case of booking made by other than Department of University of Delhi.
2. Cancellation charges have to be paid as per rules.

The department undertakes to settle the account within three months from the date of departure of the guest failing which the I.G.H. will be empowered to stop further bookings of the Department. The Department further undertakes to pay for the damages, in case any damage is caused by the Guest to the I.G.H. property.

For the use of I.G.H.

Room No.has been allotted

**Head of the Department
(Seal)**

Manager



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PERFORMA FOR BOOKING PARTIES IN THE I.G.H.

(To. Be submitted in duplicate)

1. Name of the Department/College/ Office/Person_____
2. Whether Official or Semi-Official_____
3. Date and Time of Party_____
4. Number of persons expected to attend the Party_____
5. Menu _____

6. Name of the person responsible for the payment_____
7. Indicate the budget head from which the payment would be made_____
8. Amount of advance payment made_____
9. We hereby undertake to abide by the rules and regulations of the I.G.H. and would not bring out own cook/bearer, eatables etc. from outside for the party.

Delhi, the_____

Signature of the Applicant
Mobile No.

The Department undertakes to make payment within 15 days from the date of receipt of the Bill for the party failing which the Registrar is authorized to draw the amount of the Bill from out of the Department Budget. In case of any damages caused to the I.G.H. property, the Department further undertakes to pay for the damage.

**HEAD OF THE DEPARTMENT
(SEAL)**

(FOR THE USE OF THE I.G.H.)

Necessary approvals for arranging the above party be accorded.

Manager

