

**CHAUDHARY DEVI LAL UNIVERSITY, SIRSA**  
(Established by the State Legislature Act 9 of 2003)

**REQUEST FOR RESERVATION OF ACCOMMODATION IN FACULTY HOUSE**

1. Name \_\_\_\_\_ Designation \_\_\_\_\_.
2. Office Address \_\_\_\_\_ Contact No. \_\_\_\_\_.
3. For whom (Name and Address \_\_\_\_\_)  
Relationship \_\_\_\_\_.
4. Whether: (i) Official OR (ii) Private OR (iii) Marriage (Son /Daughter) OR any  
University Serving /Retd. Employees (Self / Close Relatives).
5. No. of Rooms required (i) A.C. \_\_\_\_\_ (ii) Non A.C. \_\_\_\_\_.
6. Date from \_\_\_\_\_ to \_\_\_\_\_ for which Rooms are required.
7. University Cashier Receipt No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_.
8. Purpose \_\_\_\_\_.

**Instructions:-**

1. Photocopy of the 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 Timing 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 case, applicant is responsible for any type of mis-happening, loss and damage of items.

**I have read above instructions carefully.**

**Signature of applicant**

Date \_\_\_\_\_

**FOR OFFICE USE**

Room No. AC \_\_\_\_\_ @ Rs. \_\_\_\_\_ and Non-AC \_\_\_\_\_ @ Rs. \_\_\_\_\_ per room per day may be allowed please.

**Assistant (Gen. Br.)**

**Care Taker**

**Dy. Supdt. (Gen. Br.)**

**Incharge, Faculty House**

**Registrar**

**Vice-Chancellor**