INDIAN INSTITUTE OF SCIENCE
BANGALORE – 560 012

REQUEST FOR ACCOMMODATION AT THE CENTENARY VISITORS HOUSE

Ref: ……..…… **APPLICATION TO BE SENT IN DUPLICATE** **Date ……..**

a) **INDIVIDUAL** NAME OF THE VISITOR(S) - CAPITAL LETTERS	
Designation **(Visitor need be at least at the level of Lecturer & above)**	
Address of the Visitor(s)	
Nationality	
Purpose of Visit (Details to be indicated)	
b) CONFERENCE / WORKSHOP etc., **(Visitor need be at least at the level of Lecturer & above)**	
Period of Visit & Duration **(More than 15 days only)**	From **…… To ……** Number of Days **…….**
Type of Accommodation (Tick as Appropriate)	☐ Studio Apartment ☐ One Bed Room Apartment ☐ Two Bed Room Apartment Total No. of Rooms Required **……..**
PAYMENT DETAILS (Tick as Appropriate) Whenever the charges are to be paid by the guests, it is necessary to indicate alternative Debit Head for levying 'No Show' charges, in case the guest does not utilize the accommodation.	a) ☐ **By Guest** - Alternative Debit Head…….. b) ☐ **By Dept** – Debit head **……..**
Faculty Member request for accommodation	Name: **……** Designation **……** Signature ……..……..
Recommendation of Chairman of the Department	Signature ……..…… Dept (Seal)……..

Terms & Conditions:

1. NO SHOW CHARGES: one day rent for each of the accommodation booked will be levied if the booking is not cancelled at least 48 hours earlier and the booking will be automatically cancelled for the second day.
2. Application should be sent at least 10 days in advance.
3. Boarding Facility is not available in the Centenary Visitors House.
4. Centenary Visitors House is not responsible for valuable of the guests.
5. Guests are requested to settle cash bills (if any) before 5pm.
6. Guests staying for more than one month should settle the cash bills (if any) by the end of the month

---

FOR USE BY GUEST HOUSE ONLY

Reg. No…….	Page No…….
Date……	Room No……

Returned W/c

Allotment of ……..…… Apartment(s) is confirmed.

From……..…….. to……..……

(Signature)

Guest House In-charge