

**Jagar Dala Guest House
Room Requisition Form**

Room Requisition form Date:

Personal Details:

1. Name.....
2. Address (Name of the Company).....
3. CID/ID/UID No.....
4. Contact No.....
5. Purpose of Visit.....
6. Duration of the Stay.....
7. Type of room required (AC/Non AC).....
8. Number of room(s) required.....

Requisitioned by.....

Signature:

Department: Works/Commercial/ Sale & Marketing/Company Secretary/Internal Auditor/Adm:

Signature of HoD

Instruction of Head Administration Division.....

N.B

1. If there is any damage of the property of the Guest house by the Guest, the concern guest shall be liable for the compensation.
2. The Guest House care taker shall not be responsible for the personal property of the Guests.

For more detail call: 17631764/17623035