



For Hostel Guest Room Booking
Indian Institute of Technology Indore
भारतीय प्रौद्योगिकी संस्थान इन्दौर

Form H2

Phone: 0731-6603468, Email: hostel@iiti.ac.in

To
The Hostel Office

Date:

Dear Sir,

I wish to register for the hostel guest room facility, the details are furnished below:

Name
(Mr./Ms.) 1 _____ Gender: - (M/F)

Name
(Mr./Ms.) 2 _____ Gender: - (M/F)

Name
(Mr./Ms.) 3 _____ Gender: - (M/F)

City _____ State _____

Pin _____ Mob No _____ Landline No. _____

Guardian Name _____ Ph No _____

Email ID _____ Blood Group _____

Nationality _____ Address Proof _____ (Pan/Voter/Driving
License/Institute Id)

Purpose of Visit _____ Duration – From _____ to _____)

Photo ID: -

Permanent Address:

Name (Mr./Ms.) _____ City _____ State _____

Pin _____ Mob No _____

Ph No. _____ Email ID _____

Signature of Faculty Adviser/HoD /P. I

Signature of the Student

Payment By: - Tick any One

Self Department HoD PI Other (Please give details) -----

FOR OFFICE USE ONLY

Caution money deposited _____

Accommodation Charges _____ Payment receipt copy number with date

Signature of the Chief Warden

Hostel Office Sign & Seal

