

**GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
APPLICATION FORM FOR RESERVATION OF ROOM IN GUEST HOUSE**

PARTICULAR OF APPLICANT

01	Name of the applicant	
02	Designation	
03	Department/Address	
04	Marital Status	
05	Whether married accommodation allotted or not	
06	Relationship with the Guest	
07	No. of rooms required	
08	Period for which the room is required	
09	Purpose of visit of Guest, whether official or private	

PARTICULAR OF GUEST

Name of the Guest(s)	Govt. Employee or not	Designation	Full address(Official)

1. I certify that the particulars given below above are correct.
2. I shall be responsible if there is any lose, damage or any miss-happening in the guest house caused by my guests.
3. I shall be responsible for the payment of the room rent and all other related charges in case the same are not paid by my guest.

(Signature of the applicant)

Tel.No. _____

**NOTE : INCOMPLETE FORM SHOULD BE REJECTED
(FOR OFFICE USE ONLY)**

May allow to reserve Room No. _____ of GMCH, Guest House No. _____
in the name of Dr. _____ GMCH for
his/her guest Mr./Mr./Ms. _____
@ Rs. _____ per day per month.