



AACEG Alumni Centre - Guest Room Booking Form

Alumni Association College of Engineering Guindy

Guest Details:

No. of Rooms Required:

No.	Name Designation Address Phone	From	To	Type
1				A/C Double <input type="checkbox"/> A/C Suite <input type="checkbox"/>
2				A/C Double <input type="checkbox"/> A/C Suite <input type="checkbox"/>
3				A/C Double <input type="checkbox"/> A/C Suite <input type="checkbox"/>
4				A/C Double <input type="checkbox"/> A/C Suite <input type="checkbox"/>
5				A/C Double <input type="checkbox"/> A/C Suite <input type="checkbox"/>

Purpose of Visit:

Probable Date/Time of Arrival:

Recommended by:

Date of Request:

Name Signature & Seal	Designation Address	A / F
		Alumni <input type="checkbox"/> Faculty <input type="checkbox"/>
Email:	Phone:	Intercom:

Payment Details:

Advance	No. of Rooms	No. of Persons	No. of Days	Balance	Mode	Paid by	Received by
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Applicant <input type="checkbox"/> Guest	

Approved by:

Room No. Allotted:		<i>Office Manager</i>	<i>Secretary</i>
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