## MAULANA AZAD MEDICAL COLLEGE

New Faculty Guest House, Maulana Azad Medical College (MAMC) 2 B.S. Zafar Marg, New Delhi-110002

l		Name of the Guest	F	
2		Address	÷	
3		Mobile No. & Email ID	:-	
4		National (Indian / Foreigner) (If not an Indian Citizen, please Mention The name of the country)	:	
5		ID Proof (Adhar/NEL/Driving License (Enclose Copy)  Passport number for Foreign Citizen		
6		Purpose of Stay : :-		
7		Category (Attach Proof) Examination/ Institution Guest/ Trainee/Participants in workshops Symposium etc./others (including relatives of outside's students:		
8		If booked organizers of Academic events etc. No. of rooms required		
9	Date of arrival Expected time of check in AM/PM			
10	٠	Bill to be paid by (Advance)		
11		Date of departureExpected time of check out AM/PM		
12		Number of days accommodation required		
13		Name & Designation of person Booking the stay		
14		Contact Number and email of the person booking in the stay		
15		Recommendation of HOD Required/Not Required		
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		Signature & Seal of the HOD	Sign & Seal of the Faculty booking	
	1	The guest house Incharge reserves the ripersexplanation.	ght to issue accommodation or cancel accommodation without the	
	2		ocal host/authorized person from the reception at the time of the check	
	3		on duty Rs.200/Room/Day. Participants of workshops/etc. Non official Rs.800 fro two guest/day. Parents of Students/MAMCOS etc. Rs.1000/-	
	4	Please see that the payments in full are i	made in three days in advance before departure of the guest. No or examiner for MAMC may be permitted. The Dean, MAMC at his/her	
		est access to a consistence as a recommend of the first and of the state of the state and the state		

Signature of Caretaker

New Faculty Guest House (In charge) Room No. Allotted with date