

DATE.....



Shri Lal Bahadur Shastri Govt. Medical College & Hospital
Mandi at Ner Chowk, Himachal Pradesh

GUEST HOUSE BOOKING FORM

Sr.No.	NAME OF GUEST	ADDRESS	MOBILE NO.
1.			
2.			
3.			
4.			

PORPOSE OF VISIT.....

NO. OF ROOM REQUIRED.....

DATE(S) OF BOOKING: FROMTO.....TOTAL DAYS.....

TIME OF ARRIVAL.....DEPARTURE.....

SIGNATURE OF REQUITIONER

NAME.....

ADDRESS.....

MOBILE NO.....

OFFICIAL / SEMI PRIVATE / PRIVATE

IN-CHARGE GUEST HOUSE

(FOR OFFICE USE ONLY)


ROOM(S) NO(S).....IS/ARE BOOKED AT SR. NO. P-----/-----

ERP No.....Dated..... Amount Paid.....

OFFICIAL/SEMI PRIVATE/PRIVATE

IN-CHARGE GUEST HOUSE

Visit us: www.slbsgmchmandi.com

 prslbsgmchmandi@gmail.com

GUEST HOUSE BOOKING RULES AND REGULATIONS

- Booking of room(s) have to be done by filling the prescribed form and submitting it to office of the Principal, 3 days in advance during working days and office hours that is 10:00 AM to 5:00 PM. Or booking can also be done by sending the duly filled form via E- mail ID prslbsgmchmandi@gmail.com
- Only two guests per room are allowed.
- The allotment of rooms shall be generally done on the “first come, first serve” basis.
- Cancellation of reservation has to be informed at least 24 hours before the scheduled time of occupation, failing which the room rent shall be levied.
- Students are not allowed to stay in the Guest House with their Parents/ Guardians / Visitors after 10:00 PM.
- The College authorities reserve the right to cancel the booking, refuse accommodation or change the room (s) allotted to a person or person(s) without assigning any reason (s) thereof.
- For further help or assistance call: [01905243945](tel:01905243945)