Faculty Guest House - Registration Form
(Please read the norms and regulations carefully.)

Name: 
Sex: Male / Female
Designation: 
Institutional Address: 

Phone (Office): 
Phone (Res) & Mobile: 
E-mail ID: 
Purpose of Stay: Participation in the ________OP

Participation in the RC in ____________________________________________

Participation in the STC in _________________________________________

Duration: From _________________________ a.m./p.m  on ________________________
To _________________________ a.m./p.m  on ________________________

Residential Address: _______________________________________________________________

Contacts, in case of emergency:

Name(s): (1) ___________________________________________ Mobile: ________________________
(2) ___________________________________________ Mobile: ________________________

Physical Disabilities / Health Problems, if any:__________________________________________

UNDEARTAKING
I undertake to abide by the norms and regulations of the UGC-HRDC Guest House of Bharathidasan University during my stay and cooperate with the authorities for the safe and peaceful stay of all the inmates.

Place:
Date: 
Signature of the Participant

For Office Use only

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Allotted</td>
<td>Room Rent</td>
</tr>
<tr>
<td>Receipt No.</td>
<td>Remarks, if any</td>
</tr>
</tbody>
</table>

Staff in-charge of Guest House
Staff in-charge of Cash Collection
Director