



## Baba Farid University Of Health Sciences, Faridkot

(Established by the Govt. of Punjab vide Punjab Act No. 18 of 1998)

Phone No:- 01639-256232/ 256236,

E-mail:- [upfdbfuhs@gmail.com](mailto:upfdbfuhs@gmail.com)

### ਯੂਨੀਵਰਸਿਟੀ ਗੈਸਟ ਹਾਊਸ ਬੁਕਿੰਗ ਫਾਰਮ (University Guest House Booking Form)

ਬੁਕਿੰਗ ਨੰ./Booking No:.....

ਮਿਤੀ / Date:.....

1. ਆਉਣ ਵਾਲੇ ਦਾ ਨਾਮ / Name of Visitor :- .....
2. ਆਹੁਦਾ / Designation :- .....
3. ਆਉਣ ਵਾਲੇ ਦਾ ਪਤਾ / Complete Address of visitor .....
4. ਟੈਲੀਫੋਨ ਨੰ: Telephone No:..... ਈ ਮੇਲ/ Email ID:.....
5. ਪਹੁੰਚਣ ਦੀ ਮਿਤੀ ਅਤੇ ਸਮਾਂ/Arrival date and time :- .....
6. ਛੱਡਣ ਦੀ ਮਿਤੀ ਅਤੇ ਸਮਾਂ/Departure date and time:- .....
7. ਕਮਰਿਆਂ ਦੀ ਸੰਖਿਆ/ No.of Room required :- .....
8. ਮੈਂਬਰਾਂ ਦੀ ਸੰਖਿਆ/ No. of Person's .....

Sr.no	ਨਾਮ (Name)	ਪਿਤਾ-ਪਤੀ ਦਾ ਨਾਮ (Father's/ Husband Name)	ਉਮਰ (age)	ਬੇਨਤੀ ਕਰਤਾ ਨਾਲ ਸਬੰਧ (Relation with the visitor/ applicant)	ਟੈਲੀਫੋਨ ਨੰਬਰ (Contact No.)	Remarks
1.						
2.						
3.						
4.						

(Note:- Maximum Two Guests are allowed in a room)

#### 9. ਬੁਕਿੰਗ ਕਰਵਾਉਣ ਵਾਲੇ ਦਾ ਪਤਾ/Details of person make the booking

A	ਨਾਮ ਅਤੇ ਪਤਾ/ Name & Address:-	
B	ਅਹੁਦਾ, ਅਦਾਰਾ/ਵਿਭਾਗ/ਸੈਂਟਰ (designation,Institute,Deptt,Centre):-	
C	ਟੈਲੀਫੋਨ ਨੰ/Telephone No:-	
D	ਈ ਮੇਲ Email ID:-	

10. Detail of Id Proof attached (Aadhar Card/ Passport/ Id card/ Driving License): .....

#### 11. Detail of charges (Please Tick the Appropriate Box)

- A. Rent Free Basis (Due to Official/ University duties)
- B. Deluxe Room Rs.500/- Per Guest / Per day
- C. VIP Room Rs. 800/- Per Guest / Per day

In case the applicant is on Official/ University duties then the details of the said duties may be given and a copy of the documentary evidence may also be provided.



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**Declaration:-**

- 1) I will follow all the rules and regulations of the University during my stay with the University Guest House.

ਬਿਨੈਕਾਰ ਦੇ ਹਸਤਾਖਰ /Signature of Applicant

**Detail of Enclosures:-**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

FOR OFFICE USE ONLY

**University Procurement & Facility Department, BFUHS, Faridkot**

Dated:- \_\_\_\_/\_\_\_\_/\_\_\_\_

**Report about availability of rooms at the University Guest House**

**AVAILABLE / NOT-AVAILABLE :-**

Orders are solicited whether to allot the room desired by the applicant.  
Submitted for Orders, please.

Incharge-cum- F.O.	Assistant Registrar	Audit Officer	DEO/ Caretaker
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<b>A</b>	<b>B</b>	<b>C</b>
<b>NOT APPROVED</b> APPLICATION MAY BE FILED	<b>APPROVED</b> ON <u>RENT FREE BASIS</u>	<b>APPROVED</b> ON <u>PAID BASIS</u>
REGISTRAR	REGISTRAR	REGISTRAR

**Detail of Payment**

Receipt No:- \_\_\_\_\_  
 Mode of Payment :- \_\_\_\_\_  
 Amount:- \_\_\_\_\_  
 Date of Payment:- \_\_\_\_\_

Sign