

INDIAN INSTITUTE OF SCIENCE
BANGALORE - 560 012

Ref: _____

Date: _____

To

The Public Relations Officer
IISc.

Sub: Request for Accommodation at Guest House

INDIVIDUAL

Name of the Visitor/s : _____
(Full Name)

Nationality : _____

Designation : _____

Office Address with
Telephone No. & Mobile No.: _____

Period of visit to IISc : _____ To _____

Purpose of visit : _____
(Details to be indicated)

Type of accommodation preferred : Double Room / Single Room / AC / Non AC

Payment details

By Guest

By IISc

If Institute Debit Head

Name of the Faculty Member with
Designation / Department

Signature of Faculty Member

Recommendation of
Chairman of the Department

PS: All the informations are required to be necessarily provided.