**Birla Institute of Technology, Patna Campus**

**Guest Reservation Form**

**Guest Details**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Type (Passport/Aadhaar/DL etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Booking Details**  
Check-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check-Out: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Number of Rooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

1. All Rooms are AC at the rate of Rs. 950/- per day. Food shall be charged separately.
2. Check-in time is 2:00 PM, and check-out time is noon. Early check-in or late check-out may incur additional charges. If check-in time is after 6 am and check-out time is before 6 pm, full day charge shall be applicable.
3. Smoking/Consumption of alcohol is prohibited inside the campus.
4. Guests are responsible for any damages to the property during their stay.
5. Personal belongings are the responsibility of the guest.

I hereby acknowledge that I have read and agree to the terms and conditions of the stay.

Guest Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval for Institute Guests**

Purpose (Exam/Interview/Lecture/Others): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discount requested (in %): \_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In-Charge of Requesting Section/Department)

Approved/Not Approved

Director

**For Office Use**

Allotted/Not Allotted/Not Available Room No. \_\_\_\_\_\_\_\_\_   
Signature (Guest House Clerk) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details**  
Payment Mode: [ ] Cash [ ] Online Payment (UPI No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  
Total Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Prof. I/C Guest House/ AR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_