



ESTATE DEPARTMENT
GUJARAT UNIVERSITY
ગુજરાત યુનિવર્સિટી

DATE:- ___/___/20__

GUEST HOUSE BOOKING FORM

Name of Person:- _____

Institution Name:- _____

Purpose :- _____

Booking Date:- From _____ to _____

Total Days ____ xRs. 350/- (Per Person)

Total

Days ____ x Rs. 700/- (Per Room) (Two bed in room)

Total Amount:- _____ Rs.

(Signature of Applicant with Stamp)

Guest House Incharge Clerk

Uni Engineer

Registrar

Vice chancellor

(After filling all details in the form then submit to the Guest House Incharge, Guest House, Gujarat University, Navrangpur, Ahmedabad-380009)



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DATE:- ___/___/20___

Application form for university campusgarden

1. Name (Location) of garden:- _____

2. Require Date :- From _____ To _____

Total Days:- _____

3. Hours (Time) :- From _____ (am/pm) To _____ (am/pm)

4. Details of function:- _____

5. Name of Department/ Person :- _____

6. Name of Director/ HOD:- _____

7. Contact No.:- _____

(Signature of Applicant)

Garden Supervisor/Uni Engineer

Registrar

Vice chancellor

(After filling all details submit form to the Estate Department Gujarat University)