

Room Request Form

Add the details of main guest



Take a printout of this form, get it approved by the appropriate authority, and upload it to continue the booking process.

For Students :- Kindly get the filled room requisition form forwarded by the concerned warden

For Employees :- For booking under category 'B', please get the filled room requisition form forwarded by the concerned head or section incharge

Upload Room Allotment Form

Booking under category: C

Print Allotment Form



शासकीय OFFICIAL / व्यक्तिगत NON-OFFICIAL
मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004
Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004
अधिकांश विकास केन्द्र (Executive Development Centre)

कक्षा आवंटन हेतु आवेदनपत्र (Application of room allotment)

नोट: अतिथि को कमरा लेते समय फोटो पहचान पत्र प्रस्तुत करना अनिवार्य है। Phone – 0532-2271093, 7783907141

Note: The guest must produce Photo Identity Card at the time of room occupancy.

आवेदक का नाम / Name of applicant	Ashutosh Mani
पद एवं विभाग / Designation & Department	Associate Professor (Biotechnology Department (BTD))
कर्मचारी सं० / Employee Code	212036
पता एवं फ़ोन नं० / Address & Phone No.	Teliarganj - 9455354251
अतिथि का नाम / Name of Guest	Prof. Rakesh Kumar
अतिथि का पता / Address of Guest	Central University of South Bihar
अतिथि का मोबाइल नं० एवं ई.मेल / Mobile No. & Email of Guest	9336445984
अतिथि का आवेदक से सम्बंध / Relation with Applicant A (Institute Guest), B (Departmental Guest), C (Close Relatives of Faculty/Staff only) & D (All other than A, B & C)	C. Close Relative of Employee
साथ में आये व्यक्तियों का नाम एवं अतिथि से सम्बन्ध / Accompanying Persons & Relation	1. Name: Varsha Singh Relation: Wife 2. Name: Mohini Relation: Daughter 3. Name: Yukta singh Relation: Daughter 4. Name: Tushar Relation: Son

किराया भुगतान (आवेदक/अतिथि) द्वारा/ Rent Paid by (Applicant/Guest)	Guest
आने की तिथि एवं समय / Check-in Date & Time	22-Oct-2025
जाने की तिथि एवं समय / Check-out Date & Time	24-Oct-2025
दिनों की संख्या/ Number of Days	02
कमरों की संख्या / umber of Rooms Required	02
रुकने का उद्देश्य (व्यक्तिगत/शासकीय) / Purpose of Stay	Non-official
तिथि / Date: _____ समय/Place: _____	आवेदक के हस्ताक्षर / Signature of Applicant
Forwarded By: • शासकीय बिक्रग के लिए कुलसचिव/विभागाध्यक्ष / अध्यक्ष छात्र गतिविधि केन्द्र / Registrar/HOD/President SAC for Official Booking • छात्र की व्यक्तिगत बिक्रग के लिए छात्रावास वार्डन / Warden In-Charge for Students Personal Booking	
कार्यालय प्रयोग हेतु (For Office Use)	
आवंटित कमरा नं0 (Room No. Allotted):	द्वारा (By)
केयर टेकर (Care Taker):	प्रभारी अधिकारी (Officer In-charge)