



मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004
Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004
अधिकांश विकास केंद्र (Executive Development Centre)

कक्ष आवंटन हेतु आवेदन पत्र (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.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|
| Name of applicant | Dr. Girijesh K Patel | |
| Designation & Dept. | Biotechnology | |
| Employee Code/Reg. No. | 223046 | |
| Address & Phone No. | C58 Residential Colony MNNIT Allahabad | |
| Name of the Guest | Prof. Gyan Chand | |
| Address of Guest | Professor (Surgery), Endocrinology SGPGI Lucknow | |
| Mobile No. & E-mail of Guest | 9451546353 | |
| Relation of guest with applicant (<i>Category</i>) A (Institute Guest), B (Departmental Guest), C (Close Relatives of Employee/ Student /Ex-Employee/Alumni), D (Other than A, B & C) | C- Close Relatives of Employee/ Student/Ex-Employee/Alumni | |
| Name of accompanying person(s) and relationship with the guest | नाम Name | सम्बन्ध Relation |
| | 1. | |
| | 2. | |
| | 3. | |
| Rent Paid by (Applicant/Guest) | Guest | |
| Check-in Date and Time | 09-11-2025, 6:00 pm | |
| Check Out Date and Time | 10-11-2025 9:00 am | |
| Number of Days | 1 | |
| Number of rooms required | 1 | |
| Purpose of Stay (Personal / Official) | Personal | |

Date: 09-11-2025

Time : 11:00 am

Girijesh

Signature of Applicant

| | |
|------------------------------------------------------------------------------------------------------------|--|
| Registrar/HOD/President SAC for Official Booking • • Warden In-charge for Students/ Personal Booking | |
|------------------------------------------------------------------------------------------------------------|--|

(For Office Use)

(Room No. Allotted):

By

(Care Taker)

(Officer In-charge)