

SASTRA UNIVERSITY
GUEST REQUISITION FORM

- 1) Name of the Parent / Guardian : _____
- 2) Designation : _____
- 3) Contact Address : _____

- 4) Contact Phone No. : _____
- 5) E-Mail ID : _____
- 6) Name of the Student Studying : _____
- 7) Registration No. : _____
- 8) Period of Stay : Check-in _____ am/pm on _____
Check-out _____ am/pm on _____
- 9) Type of Room Required : A/C / Non – A/C

Date:

Signature of the Student