

TATA INSTITUTE OF FUNDAMENTAL RESEARCH
Homi Bhabha Road, Mumbai 400 005

RAMANUJAN HOUSE Requisition Form

Information about the Guest:

Name Mr/Ms: _____

Nationality: _____

Home Institution: _____

Purpose of visit (please be explicit) _____

Accompanied by _____ adults and _____ children

Arrival date: _____ Time: _____

Departure date: _____ Time _____

The bill will be settled by the Guest/the host/:

Name of the host/Prof/Dr/Mr/Ms: _____

Department: _____ Tel No.: _____

e-mail: _____

As host, I certify that the guest is an official visitor to the Institute. I have read the guidelines for use of Ramanujan House (printed overleaf):

Date: _____ Signature : _____

TYPE OF ACCOMMODATION REQUESTED; A (single bed, common shower/toilet)

(Please indicate first and second preference):

B:(single bed, attached shower/toilet)

C:(twin beds, attached shower/toilet)

D: apartment; livingroom, bedroom, kitchenette)

Air-conditioned/non-air-conditioned

301/302 Raman

Endorsement

Director:

Registrar:

Centre Director

Dean MF/NSF/T&CS

Chairperson, Dept. of:

Faculty Member (*)

(Name: _____)

