



CENTRAL UNIVERSITY OF SOUTH BIHAR

(BIT Campus, P.O: B.V. College, Patna – 800014, Bihar)

Reservation Form

(To be submitted in Triplicate)

1. Name of the Guest: _____
2. Designation with Institutional Address: _____

3. Nationality: _____
4. Passport Number: _____ (For Foreign delegates only)
4. Name & Relationship of the Person accompanying: _____
5. Permanent address with telephone No.: _____
6. Date & Time of Arrival: _____
7. Date & Time of Departure: _____
8. Contact No. in case of Emergency: _____
9. Purpose of Visit: _____
10. No. of Rooms required (Whether Single/Double): _____
11. Mode of Payment (by Guest or by the Department): _____
12. Amount paid in Advance: _____
13. Medical History (any serious disease): _____

Mobile No:

Date: -

Signature of the Applicant

Note: -

1. 100% advance in case of booking made by other than CUSB.
2. Cancellation charges have to be paid as per rules.

The department undertakes to settle the account within three months from the date of departure of the guest failing which the CUSB will be empowered to stop further bookings of the Department. The Department further undertakes to pay for the damages, in case any damage is caused by the Guest to the CUSB property.

Head of the Department
(Seal)

For the use of CUSB

Room No.has been allotted.

Guest House In-Charge