Name of the Dept./Centre………………………………………………………………

No. Date:

 Sub: Request for Accommodation in Hoysala House

|  |  |
| --- | --- |
| **Name** **Designation****Address of the University/Institution/ Office** |  |
| Period | From ToNo. of days :  |
| No. of Rooms required |  |
| Purpose of visit(In case of Invitees to the Institute, approval letter number and date) |  |
| Room Rent | For College/Institution/University Teachers : Rs.200/- per day per personFor Industry Participants : Rs.300/- per day per person |
| Mode of Payment | By the Visitor:(Please provide alternate debit head also)Debit Head: |
| Name of the Faculty MemberDepartment |  |
| Signature of the Faculty member |  |

 Chairman

Of the Sponsoring faculty member’s

dept/centre.

To

The Chairman

**Department of Computational and Data Sciences**, IISc.