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

No. Date:

Sub: Request for Accommodation in Hoysala House

|  |  |
| --- | --- |
| **Name**  **Designation**  **Address of the University/Institution/ Office** |  |
| Period | From To  No. 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 person  For 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 Member  Department |  |
| Signature of the Faculty member |  |

Chairman

Of the Sponsoring faculty member’s

dept/centre.

To

The Chairman

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