

लक्ष्मीबाई राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर
 विश्वविद्यालय मानी गई संस्था
 भारत सरकार, युवा कार्यक्रम और खेल मंत्रालय
Lakshmbai National Institute of Physical Education, Gwalior
 Deemed to be University
 Government of India, Ministry of Youth Affairs and Sports



**APPLICATION FORM FOR ACCOMMODATION BOOKING AT GUEST HOUSE/INTERNATIONAL HOSTEL ON
 PAYMENT BY STAFF (FOR PERSONAL/NON-OFFICIAL PURPOSES)**

PART – I

(To be filled in by the applicant)

1.	Name & designation of the applicant (in CAPITAL letters).	
2.	Name & address of the guest(s), who will be staying in the accommodation. (Self-attested copies of Photo/Address IDs of all the guests are to be submitted on check-in).	
3.	Total Number of days _____ Total Number of rooms _____	From _____ Check-in Time To _____ Check-out Time (NOTE: Check-out time is 12.00 Noon and beyond this time, another day will count/commence).
4.	Meals (optional) on payment @ Rs. 300/- (served in Hostel) @ Rs. 200/- (to avail in Mess)	YES/NO (if YES, please tick one option)
5.	Relationship of guest(s) with applicant/employee.	
6.	Purpose of visiting Gwalior.	
7.	Any other information.	

DECLARATION

I hereby declare that

- The information furnished above is true and correct to the best of my knowledge and nothing is concealed therefrom.
- This application for accommodation booking at Guest House/Hostel on payment basis is made bona fide, for personal purpose only.
- I am aware that the due amount on account of this accommodation is non-refundable.
- The due amount for the applied accommodation will be paid before the check-out and in the event of my failure to do so, I give my irrevocable consent for its recovery from my salary.
- The use of accommodation in a proper and dignified manner and there shall not be any prohibited activity within the room or Institute campus by my guest(s) staying there.

Date: _____

Signature: _____

Name: _____

Designation: _____

**PART – II
 FOR OFFICE USE ONLY**

Approved on payment /Not approved.

Registrar

SHAKTI NAGAR, MELA ROAD, GWALIOR – 474002, Ph. (O) 4000902, 4000917
 Email: registrarlnupe@gmail.com, Web – <http://www.lnipe.gov.in>