

## MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE

(UGC-AUTONOMOUS INSTITUTION)

Approved by AICTE, New Delhi and Affiliated to JNTUA, Ananthapuramu www.mits.ac.in



## FOOD/ROOM REQUIREMENT FORM

2. Department:	1. Date:	Name of the Coordinator:	Phone No:
A. Requirements:- FOOD Date and Time the Food is required:  Date and Time the Food is required:  Date-from	2. Department:	Hod Name:	Phone No:
ROOM   Date and Time the Food is required:   Date-from	3. Program Details:		
Date and Time the Food is required:  Date-from	4. Requirements:-		
Date-from	FOOD		ROOM
Break Fast No:	Date and Time the Food is required:		Date and Time the Room is required:
Food Category [S.M/N.M]:         Check Out Date:           Tea No:         Timing:           Lunch No:         Time:         Category (A/B/C):           Food Category [S.M/N.M]:         Preferred Hotel Name:         Remarks:           Remarks:         Remarks:         Guest Details: -           1.         1.         2.           3.         4.         4.           5.         6.         6.           7.         8.         8.           9.         9.           10.         Dept Attender Name:-           Phone No:-         Phone No:-	Date-from	To:	Check in Date:
Tea No:       Timing:         Lunch No:       Time:       Category (A/B/C):         Food Category [S.M/N.M]:       Preferred Hotel Name:         Remarks:       Remarks:         Guest Details: -       Guest Details: -         1.       1.         2.       3.         3.       4.         5.       6.         6.       7.         8.       9.         10.       10.         Dept Attender Name:-       Phone No:-	Break Fast No:	Time:	Timing:
Lunch No:	Food Category [S.M/N	N.M]:	Check Out Date:
Food Category [S.M/N.M]:       Preferred Hotel Name:         Remarks:       Remarks:	Tea No:		Timing:
Remarks:       Remarks:         Guest Details: -       Guest Details: -         1.       1.         2.       2.         3.       4.         5.       5.         6.       7.         8.       9.         10.       10.         Dept Attender Name:-       Phone No:-	Lunch No:	Time:	Category (A/B/C):
Guest Details: -       Guest Details: -         1.       1.         2.       2.         3.       4.         5.       5.         6.       7.         7.       8.         9.       9.         10.       10.         Dept Attender Name:-       Phone No:-	Food Category [S.M/N	N.M]:	Preferred Hotel Name:
1.	Remarks:		Remarks:
2.         3.       3.         4.       4.         5.       5.         6.       7.         8.       9.         10.       10.         Dept Attender Name:-         Phone No:-       1.	Guest Details: -		Guest Details: -
3.	1.		1.
4.			<del>-</del>
5.       5.         6.       6.         7.       7.         8.       8.         9.       9.         10.       10.         Dept Attender Name:-         Phone No:-       Volume No:-			
6.			
7.			-
<ul> <li>8.</li> <li>9.</li> <li>10.</li> <li>Dept Attender Name:-</li> <li>Phone No:-</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>10.</li> </ul>			
9. 9. 10. 10. 10. Dept Attender Name:- Phone No:-			
10. 10. Dept Attender Name:- Phone No:-			
Phone No:-			
	Dept Attender Name:	;-	
Note:- [ATTACH COPY OF PROGRAM APPROVAL LETTER TO APPROVE]	Phone No:-		
	Note:-	[ATTACH COPY OF PROGRAM APPROVAL LETTER TO APPROVE]	

- a. Forward the indent at least 48 hours in advance.
- b. Dept attender has to presence at the time of breakfast and lunch.
- c. Dept attender has to help for bringing outside food and service.
- d. For any information [Kavitha (Dining in-charge): +919063435715, Balu (Manager): +919063435707]

**Recommendation & Signature of the HOD:** 

(Signature)

**Remarks & Signature of the Principal:**