



FOOD/ROOM REQUIREMENT FORM

1. Date: _____ Name of the Coordinator: _____ Phone No: _____
2. Department: _____ Hod Name: _____ Phone No: _____
3. Program Details: _____
4. Requirements:-

FOOD ☐

ROOM ☐

Date and Time the Food is required:

Date-from _____ To: _____

Break Fast No: _____ Time: _____

Food Category [S.M/N.M]: _____

Tea No: _____

Lunch No: _____ Time: _____

Food Category [S.M/N.M]: _____

Remarks: _____

Date and Time the Room is required:

Check in Date: _____

Timing: _____

Check Out Date: _____

Timing: _____

Category (A/B/C): _____

Preferred Hotel Name: _____

Remarks: _____

Guest Details: -

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Guest Details: -

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Dept Attender Name:-

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: