

अतिथिगृह
INDIAN STATISTICAL INSTITUTE
Bangalore Centre

GUEST HOUSE

भोजन अनुरोध प्रपत्र

CATERING SERVICE REQUISITION FORM

Name

Roll No.

Unit

Designation

Date

Time (Pls √)

Breakfast/ Lunch/ Dinner

Veg Non-veg

Nos.

Mode of payment (Pls √)

Official/ Personal

If official Account Code

Signature of the indenter

N.B.: Request should reach before 24 hours