



**SIDDHARTH UNIVERSITY, KAPILVASTU SIDDHARTH NAGAR  
GUEST HOUSE**

**APPLICATION FOR THE STAY IN THE TATHAGAT INTERNATIONAL CENTRE/UNIVERSITY  
GUEST HOUSE**

- 1. Name of the Guest (In Block letters) .....
- 2. Designation with full address .....
- 3. Name (s) of person(s) accompanying the guest and relationship with the guest
  - 1.....
  - 2.....
- 4. Purpose of Visit Official / Un Official
- 5. Date and time of arrival .....
- 6. Date and time of Departure .....
- 7. Duration of stay (No. of days) .....

Dean/Director  
(SEAL)

Head of the Department  
(SEAL)

Full signature of the applicant  
Name.....  
Designation .....

Counter Sign by any teaching faculty of university in  
Case of non-Payment of applicant.



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