

UNIVERSITY COLLEGE OF ENGINEERING TINDIVANAM, HOSTELS
MELPAKKAM, TINDIVANAM – 604307

Office: 04147-224432, Email: hostelofficeucet@gmail.com

MESS REQUIREMENT FOR EVENTS - BOOKING FORM

Name of the Applicant :

(in Block Letters)

Designation :

Mobile No :

Department / Address :

Name of the Event :

Department / Unit organising the Event :

Dates of the Event : From _____ To _____

No of Participants :

****Payment : By Departments / Coordinators / Unit Officers**

Date	Requirement (Kindly mention the Quantity)*				
	Breakfast	Tea /Snacks (FN)	Lunch	Tea /Snacks (AN)	Dinner

**Payment mode only via Online Transfer or UPI Payment

* If Separate Menu is required, kindly provide it in a separate sheet

Signature of the Applicant

with Date

Signature of the

Faculty/HOD/ Coordinators/Unit Officers

Seal

For Office Use Only		
Receipt No & Date		
Transaction ID		
Signature of the Supervisor /Manager	Signature of the Superintendent	Executive Warden