



HOSTEL, JAMIA MILLIA ISLAMIA, NEW DELHI-110025

FORM B/ HOTEL (HOSTEL) REGISTER

S. No.	Date	Name of the visitor in full (IN BLOCK CAPITALS, SURNAME FIRST).	Nationality, sex, DOB.	Number, date of issue, place of issue and validity of passport.	Address in India & Mobile No.	Date of arrival in India.	Date & time of arrival at Hotel/ Hospital, Institute etc.	Signature of visitor at the time of arrival.	Whether employed in India- Yes or No.	Proposed duration of stay in India.	Arrived from...	Number, date, validity and place of issue of Visa/ Certificate of Registration, if any.	Purpose of Visit.	Date and time of departure from hotel/hospital/Institute etc.	Address to which proceeding	Signature of visitor at the time of departure.
		Surname Middle name First name	Sex Male/Female Date of Birth/...../.....	Passport No. Place of Issue Date of Issue Valid upto	Mobile No. 							Visa No. Place of Issue Date of Issue Valid upto				
E-Mail Id:												Remarks (if any)				
		Surname Middle name First name	Sex Male/Female Date of Birth/...../.....	Passport No. Place of Issue Date of Issue Valid upto	Mobile No. 							Visa No. Place of Issue Date of Issue Valid upto				
E-Mail Id:												Remarks (if any)				