

SGT UNIVERSITY SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSITY

GURGAON, DELHI-NCR (Established by the Haryana Act No.8 of 2013)

CHANDU BUDHERA, GURGAON BADLI ROAD, GURGAON(HARYANA)-122505, PHONE-0124 2278183,84,85, FAX 0124-2278151 ,Web:- www.sgtuniversity.org, Email: info@sgtuniversity.org

APPLICATION FORM FOR AVAILING MESS FACILITY

Paste your latest
Photograph

Mail id- messmanager@sgtuniversity.org | Contact no. - 9319080352 | Extension. No. - 3130

<u> </u>	, ,								
PERSONAL DETAILS									
EMPLOYEE'S NAME									
EMPLOYEE'S ID									
DESIGNATION									
DEPARTMENT									
Teaching Staff			Non-Teaching Staff						
PHONE NUMBER									
MAIL ID (OFFICIAL)									
FOR OFFICE USE (MESS)									
Annapurna Hall 1		Annapurna Hall 2							
DATE OF AVAILING FACILITY									
Annapurna Hall 1 (Doctor's Mess)			Annapurna Hall 2 (Staff Mess)						
Single Meal (Lunch)	₹ 2,250		Single Meal (Lunch)	₹ 900					
3 Time meal	₹ 4,500		3 Time meal	₹ 1,800					
MEALS TIMING									
Working Days			Non-Working Days						
Breakfast	7:15 AM to 8:15 AM		Breakfast	7:30 AM to 9:00 AM					
Lunch	1:00 PM to 1:30 PM		Lunch	1:00 PM to 2:00 PM					
Dinner	7:30 PM to 8:45 PM		Dinner	8:00 PM to 9:00 PM					
(Signature of the Applicant)			(Signatu	are of Mess Depar	·				
Verified by HR (name & date)				(Signature of HR	R Department)				

Note -

- Single meal option is available only for lunch meals. 15-days facility is not available for single meal facility.
- The schedule for the 15-day facility shall be strictly restricted to two specific periods only, i.e., either 1st to 15th or 16th to 30th/31st.
- Wastage of food shall not be tolerated; if found, fine may be imposed.
- The meal timing shall be strictly adhered to by all the employees.



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APPLICATION FORM FOR DISCONTINUING MESS FACILITY

Mail id- messmanager@sgtuniv	versity.org Contact no	9319080352	Extension. No. -3	130
	PEI	RSONAL DET	AILS	
EMPLOYEE'S NAME				
EMPLOYEE'S ID				
DESIGNATION				
DEPARTMENT				
Teaching Staff		Non	-Teaching Staff	
PHONE NUMBER				
MAIL ID (OFFICIAL)				
	FOR (OFFICE USE	(MESS)	
Annapurna Hall 1 (Doctor's Mess)		Anr Anr	napurna Hall 2 (S	taff Mess)
DATE OF DISCONTINUING FACILITY				
REASON FOR DISCONTINUING				
(Signature of the Applicant)				(Signature of Mess Department)
Date:/				
Verified by HR (name)				(Signature of HR Department)
Date: - / /				