

**THE GATEWAY HOTEL HINJAWADI PUNE  
XION COMPLEX, WAKAD ROAD,  
PUNE 411057, MAHARASHTRA, INDIA**

**ROOM RESERVATION FORM**

**Mr. Rahul Mazumdar**  
Assistant Sales Manager  
The Gateway Hotel Hinjawadi  
Pune

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[sapna.vijh@acma.in](mailto:sapna.vijh@acma.in)

**Dear Sir,**

I would like to book room at **The Gateway Hotel Hinjawadi, Pune** please book my accommodation in your hotel as per following:

Name	Designation	Email ID	Mobile Number

Tariff in Rs.	Check-in @ 1400hrs	Check-out @ 1200hrs	Pls. Tick
Rs. 5500 (Single Occupancy) ( Incl GST) per night			
Rs. 6500 (Double Occupancy) ( Incl GST ) per nigh			

Check in date \_\_\_\_\_ Check out Date \_\_\_\_\_

**Note:**

- Please mark a copy of the Room reservation form to Ms. Sapna Vijh, ACMA at [sapna.vijh@acma.in](mailto:sapna.vijh@acma.in)
- All the bookings will be confirmed by the Hotel, subject to availability.
- The above mentioned special rate incl. of taxes, breakfast & Wi-Fi are valid from 24<sup>th</sup>- 28<sup>th</sup> October, 2018.

**Arrival in Pune:** Flight No: \_\_\_\_\_ From: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

**Departure from Pune:** Flight No: \_\_\_\_\_ To : \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Name: ..... Designation: .....

Company Name: ..... Mobile No.: .....

Mobile ..... Fax: ..... E-mail: .....

Credit Card Number \_\_\_\_\_ Date of Expire \_\_\_\_\_