



# UNI-SERVICES DEPARTMENT (HOSTELS)

## ROOM INVENTORY AND CHECK-IN FORM (HOR 102)

Name: \_\_\_\_\_

ID No. : \_\_\_\_\_

Dormitory/ Room No. : \_\_\_\_\_

ITEMS: (Tick only in the box where applicable)

Tick	Item(s)	Tick	Item(s)
	Bed/ Mattress		Room Key
	Pillow/ Pillow Slip		Cupboard Key
	Blanket		Waste Paper Basket
	Mosquito Net		Curtains

ROOM CONDITION:

Tick	Item(s)	Tick	Item(s)
	No marks/writings on walls		No marks on Furniture
	Power point/switches in working condition		Windows/ Fans in working conditions

ITEMS THAT ARE NOT ALLOWED IN THE HALLS OF RESIDENCE

No.	Item(s)	No.	Item(s)
	Large or big radios/stereos woofers		Electric Rice Cooker
	Television set		Microwave
	Electric Frying Pan		Any items that may not be the Authorities from time to time

### DECLARATION

I confirm that I took possession of the item(s) ticked above which were allocated to in good order on the \_\_\_\_\_.

These items will be checked prior to my departure and I undertake to pay the cost or replace the lost or damaged item willfully or accidentally.

Signature of Resident: \_\_\_\_\_

Date: \_\_\_\_\_