



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 | | Iron |
| | Television set | | Microwave |
| | Electric Fry 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: _____