

# FACULTY OF NUSING AND PUBLIC HEALTH

## ROOM HANDING AND TAKING OVER CHECKLIST

1. Name:.....
2. Student No:.....
3. CID No:.....
4. Programme:.....
5. Contact Number:.....
6. Year:..... Semester.....
7. Admission Status: Scholarship ☐ Self-Financed ☐
8. Hostel Name:..... Room Number:.....

The room is equipped with the following furniture/other items and these are handed over to occupants of the room by the **Provost** as follows:

Sl. No	Item name	Number	Check-in (Tick)	Check-out (Tick)	Remarks
			Hand Over	Take Over	
1	Bed				
2	Study Table				
3	Chair				
4	Cupboard				
5	Bulb				
6	Tube light				
7	Socket				
8	Fan				
9	Mirror				
10	Refrigerator				
11	Windows/ Glasses				
12	Toilet Pot				
13	Toilet Mirror				

14	Soap Holder				
15	Toilet Wash Basin				
16	Shower				
17	Cloth Hanger in Bathroom				
18	Toilet Wash Basin				
19	Door (Handle and Latch)				
20	Lock and Key				
21	Key Hanger				
22	Bathroom Tap				

## 9. Declarations

I hereby declare that:

- a. I take the full responsibility to take care of the facilities assigned to me.
- b. I will replace or bear any cost of loss or damages of the assigned properties.
- c. I will return the facility to the Management when I leave the campus for longer duration for any reasons or after completion of my studies.
- d. All the information stated in this form is true to the best of my knowledge.

10. Lost Items:.....

11. Damaged Items:.....

12. Total cost to be recovered:.....

**Signature of Student**

**Date:**

**Signature of Provost**

**Date:**