CHECK IN AND CHECK OUT FORM

PERSONAL DETAILS										
Name:										
Student No:		IC/ Passport No:								
Date Of Birth:	/ /	Contact No:								
	Day Month Year									
Gender:	□ Male □ Female	Marital Status:	□ Single □ Married							
E-mail		Nationality/ Country:								
Address:										
Religion:	□ Muslim □ Buddhist □ Christia	n □ Hindu □ Others _								
Home Address:										
Intake Date:										
Check In Details										
Date:										
Time:										
Unit Number:										
	Parent/ Guardian (Next of Ki	n) To Contact In Case of	Emergency							
Name:										
Relationship:										
Contact No:										
Email:	Email:									
Check Out Details (only fill up upon check out)										
Date:										
Time:										
Unit Number:										
Reason:			2)							
El	Office Use only (Ma	intenance Office B1-G1	3)							
Electricity										
meter reading: Remarks:										
Nemaiks.										
		claration								
I hereby declare that I have read and fully understood the terms and conditions of (checking in and out of XMUM student residences / withdrawing from XMUM student residences / applying for room exchange / requesting for maintenance) stipulated in the XMUM RESIDENCES MANAGEMENT RULES & REGULATIONS.										
I understand that it is my responsibility to familiarize myself with the said material and I agree by all policies and regulations of XMUM that stated within.										
Signature of Res Name	ident :	Date :								



INVENTORY CHECKLIST

	Item(s) Provided				CHECK OUT					
		Cost (RM)			Office Use only					
				Please ti	1		Remarks	(Accommodation)		
No.			TWIN	SINGLE			TSSO		e.g.	
					R1	R2	D	LY	Tiles broken	Unit No:
					ROC				DIOREII	
4	w /)									
1	Key (s)	20	1 🗆	1 🗆	2 🗆	2 🗆	1 🗆	1 🗆		
2	Door (fire rated door)	2,500	1 🗆	1 🗆	2		1 🗆	1 🗆		
3	Lock	400	1 🗆	1 🗆	2		1 🗆	1 🗆		
4	Curtains/ Blinds	300	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆	1 🗆		
5	Window (per leaf)	500	1 🗆	1 🗆	1 🗆	2 □	1 🗆	1 🗆		
6	Bed frame	920	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆		
7	Mattress	350	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆		
8	Study table	420	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆		
9	Chair	145(D) 180(LY)	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆		
10	Wardrobe	550	2 □	1 🗆	1 🗆	1 🗆	2 🗆	1 🗆		
11	Shoe rack	490	1 🗆	-	1		1 🗆	1 🗆		
12	Basin	800	1 🗆	1 🗆	1		1 🗆	1 🗆		
13	Mirror	300	1 🗆	1 🗆	1		1 🗆	1 🗆		
14	Switches and Plug/ Sockets per set	50	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	2 🗆		
15	Network Port / Access Point per set	350(NP) 700(AP)	2 🗆	1 🗆	1 🗆	1 🗆	2 🗆	2 🗆		
16	Lights 14W per set Light 28W per set	280 500	4 🗆	4 🗆	4 🗆	4 🗆	4 🗆	4 🗆		
17	Air Conditioning	1,800	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆		
18	Remote	250	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆		
19	Cloth Hook	30	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆		
20	Wall	500	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆	1 🗆		

INVENTORY CHECKLIST

			CHECK IN						CHECK OUT	
		Cost (RM)			Quanti	-	Resident	Office Use only		
				Please ti	ck occu	pancy	Remarks	(Accommodation)		
No.	Item(s) Provided		TWIN	SINGLE	SUITES		TSSO		e.g.	
		(IVIVI)			R1	R2	D	LY	Tiles	Unit No:
									broken	
	BATHROOM									
21	Water heater	300	1 🗆	1 🗆	1		1 🗆	1 🗆		
22	Toilet Paper Holder	40	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
23	Towel rack	100	1 🗆	1 🗆	1		1 🗆	1 🗆		
24	Toiletries Holder	60	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
25	Door	600	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
26	Window	500	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
27	Toilet Seat Cover	150	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
28	Toilet Bowl	900	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
29	Water tap	60	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
30	Shower Head	65	1 🗆	1 🗆	1 🗆		1 🗆	1 🗆		
	0	thers (F	or Office	e Use On	ıly)				AO/Mai	ntenance Office
31	Cleaning		RM 100							
32	Miscellaneous: 1)Blockage		RM 200							
	2) Tiles		RM 200							
	3) Ceiling			RN	1 200					
TOTAL (RM):										
l wil	I will check the condition of the room and report any discrepancy such as any damage or missing item in									

I will check the condition of the room and report any discrepancy such as any damage or missing item in the room to Accommodation Office after check-in within <u>3 working days</u>. Failure to return this form will be taken as acceptance of room condition.

Signature:	Date:	