Sukkur IBA University

Room Acquisition Form (For Students)

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I Mr./Ms.		S/o, D/o	
CNIC No.		Address	
CMS ID.		Class/Program	
Date		Cell phone	
Email		Cell phone	
Hostel No.		Parent Room No.	
S. No	Asset Name	Quantity	Condition
1.	Bed/Iron Cot		
2.	Bed Mattress		
3.	Almirah		
4.	Study Table		
5.	Study Chair		
6.	Mirror		
7.	Book Shelf		
8.	Ceiling Fan		
9.	Tube Light		
10.	Energy Saver		
11.	Dust Bin		
12.	Plastic Bucket		
13.	Lota		
14.	Cloth Hanger		
15.	Bath Shower		
16.	Muslim Shower		
17.	Wash Basin		
18.	Commode		
19.	Flush Tank		
20	Exhaust Fan		
Note: This very Form is devised to support point no:5 of affidavit signed and submitted by the above			
student and Parent / Guardian.			
	eceived above mentioned items in wor orking condition before leaving the ho	_	ns and I am bound to hand over them in
1		Verified By: Hostel Warden Name:	
Signature:		Hostel Number:	
		Hostel Room No:	
Father Name:		Date & Time:	
Signature		Signature:	