



UNIVERSITY OF NAIROBI

FORMR3

Student Welfare Authority ACCOMMODATION INVENTORY FORM

TO BE FILLED IN DUPLICATE AT THE BEGINNING AND END OF COURSE/SEMESTER/TERM OR IN CASE OF ANY INTERNAL MOVEMENT

(To be filled in duplicate)

Name: College

Faculty Reg. No.....Year of Study... Semester

HallRoom No.Room Required from: To

Item	Number at Checking in	Number at Checking out	Comments
Beds			
Mattresses			
Pillows			
Lounge chairs			
Reading tables			
Reading Lamps			
Ceiling Lamps			
Switches			
Sockets			
Curtains			
Mirrors			
Wardrobes			
Waste Paper Baskets			
Movable Wardrobes			
Door Keys			
Indoor Games Equipment			
Any other Item (specify)			
General Room Condition			

DECLARATION

I have checked the above inventory and found it to be correct. I therefore undertake full responsibility for the loss or damage of the above mentioned items which may occur in the room during my occupation. I shall undertake to produce this form whenever **I am seeking fresh accommodation in the halls of residence.**

A. CHECK IN

Student Signature _____

Date _____

Halls Assistant _____

Date _____

Confirmed by Halls Officer _____

Date _____

B. CHECK OUT

Student Signature _____

Date _____

Halls Assistant _____

Date _____

Confirmed by Halls Officer _____

Date _____

(This form is only valid when duly signed and stamped)

ISO 9001:2008 CERTIFIED