



NEOM Hospital Form
Accommodation Check-Out Form

FES Facilities Services

Section 1. Guest Details

Guest Name	SANTHIYA DONMUDU		
Company ID/Passport No.	9218	Company Name	Fateeh
Department	INTERNIST	Position	STAFF NURSE
Building Number	B4	Room Number	103

Status/Rationale of Leave: Annual Leave ☐ Emergency Leave ☐ Medical Leave ☐ Others ☒

Section 2. Furniture, Electrical, Appliances & Household Items

Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Fridge	1
Bedside Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Duvet, Bath Towel, Hand Towel & Face Towel	1	Chairs	2
Room Door Key	1	Coffee Table	1
Snack Plate, Coffee Mug, Water Glass & Spoon	1	TV Remote	1
Room Slippers	1	A/C Remote	1
Welcome Pack Set	1	Laundry Bag	1
Bed Lamp	1		

Section 3. Guest Remark

Guest Signature:	<i>Santhiya</i>	Check-Out Date	3/7/24
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Section 4. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Accommodation In-charge Name		
Accommodation In-charge Signature	<i>Ali</i>	Date 03/07/2024

NHOS-O-FO- Accommodation Check-Out Form

Already removed from Group
July 03 2024