



NEOM Hospital Form

Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details

FEMALE

Guest Name	SHIVANI VANGDOORI		
Company ID/Passport No.	8566/2557518202	Company Name	FAKEEH
Department	ER	Position	STAFF NURSE
Building Number	B-6	Room Number	R-3 SHARED (B)

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
Desk/Study 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:		Check-Out Date	16/8/24 at 6:00 PM
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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	Rana	
Accommodation In-charge Signature	Jamila	Date 16/8/24

NHOS-O-FO- Accommodation Check-Out Form

Removed from the group