



NEOM Hospital Form  
Accommodation Check-Out Form

Serco Business

Section 1. Guest Details				FEMALE
Guest Name	ANURADHA DHANDAPANI			
Company ID/Passport No.	18753/2253024997	Company Name	FAKEEH	
Department	LIFE DIRECTOR	Position	DIRECTOR	
Building Number	B-1	Room Number	R-12 SINGLE (A)	
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>				

Section 2. Guest Remark			
Guest Signature:	for Nam Anuradha	Check-Out Date	24/8/2024

Section 3. 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	Ebtisam Alana Zi		
Accommodation In-charge Signature	[Signature]	Date	24 / Aug / 2024

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