



NEOM Hospital Form  
Accommodation Check-Out Form

EMS Facilities Services

transfer to DS-R3  
puga

Section 1. Guest Details			
Guest Name	Jincy George		
Company ID/Passport No.	7792/2552297695	Company Name	FOURCEH
Department	NURSE	Position	STAFF NURSE
Building Number	6	Room Number	108

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, WaterGlass & 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	7/3/24

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	Rina		
Accommodation In-charge Signature		Date	7/3/24

02-07-2024

NHDS-0 FO- Accommodation Check-Out Form

Removed from group  
July 03 2024