



NEOM Hospital Form

Accommodation Check-Out Form

NEOM Facilities Services

Section 1. Guest Details

Guest Name	Anuradha Dhandapani		
Company ID/Passport No.	K253/2233094997	Company Name	Falukh
Department	Life Support	Position	Director
Building Number	2	Room Number	102

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:	ANURADHA	Check-Out Date	7/6/24
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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	RICH		
Accommodation In-charge Signature	Sumin	Date	7/6/24

NHOS-0-FO- Accommodation Check-Out Form

July 06 2024
Removed from the group