GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

ACCOMMODATION INVENTORY FORM FOR HOSTEL

(To Be Filled at The Beginning and End of the Course, And in Case of Any Internal Movement)

Student Name: _____ **Enrolment Id:** _____

Academic Batch from: _____To_____ **Year: PG**

Hostel: _____ **Room:** _____

Mentor Name: _____

ROOM INVENTORY DETAILS

Sr. No.	ITEM NAME	NUMBER AT CHECKING IN	NUMBER AT CHECKING OUT	COMMENTS
1	Bed			
2	Table			
3	Chair			
4	Cupboard			
5	4 feet Light			
16	Ceiling Fan			
18	Any Other Item (Specify)			

CONTACT DETAILS

Student Phone No.: _____

Parents Name: _____ **Mobile No.:** _____

Address: _____

_____

Guardian Name: _____ **Mobile No.:** _____

Relationship: _____

Address: _____

_____

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DECLARATION

I have checked the above inventory and found it correct. I therefore undertake full responsibility for the loss or damage of the above-mentioned items which may occur in the room during my occupation.

I further commit myself to remain in the allocated room for one full academic year except for any reason approved by the Hostels' Officer.

CHECKING-IN

Date: _____

Student / Resident Sign.: _____
(Confirms items received & condition checked)

Verified by Hostel Staff Sign.: _____
(Storekeeper / Hostel Clerk / Authorized Staff)
Confirms physical verification

Approved by Warden Sign stamp: _____
(Official approval of room allotment)

CHECKING-OUT

Date: _____

Student / Resident Sign.: _____
(Confirms handover of the room and all allotted items)

Verified by Hostel Staff Sign.: _____
(Storekeeper / Hostel Clerk / Authorized Staff)
Verifies the condition of the room, furniture, and checks for any loss or damage)

Approved by Warden Sign stamp: _____
(Grants final approval and clearance, including recovery of dues, if any)