



**UNIVERSITY OF NAIROBI**  
**Students Welfare Authority**  
**ACCOMMODATION INVENTORY FORM**

TO BE FILLED AT THE BEGINNING AND END OF COURSE/TERM OR INCASE OF ANY INTERNAL MOVEMENT  
 (To be filled in duplicate)

Name..... College.....  
 Faculty..... Reg. No ..... Year of study.....  
 Hall..... Room No. .... Room Required From..... To.....

ITEM	Number at Checking In	Number at Checking Out	COMMENTS
Beds			
Mattresses			
Pillows			
Lounge Chairs			
Reading Tables			
Reading Chairs			
Reading Lamps			
Ceiling Lamps			
Switches			
Sockets			
Curtains			
Mirrors			
Wardrobes			
Waste Paper Baskets			
(Movables)			
Door Keys			
Indoor Games Equipment			
Any Other Items			
General Room Condition			

**DECLARATION**

I have checked the above Inventory and found it correct. I therefore undertake full responsibility for the loss or damage to the above-mentioned items, which may occur in the room during my occupation. I shall undertake to produce this form whenever am seeking fresh accommodation in the Halls of Residence.

**A. CHECKING IN**

Student's signature \_\_\_\_\_  
 Date \_\_\_\_\_  
**Halls Assistant** \_\_\_\_\_  
 Date \_\_\_\_\_

**B. CHECKING OUT**

Student's Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
**Halls Assistant** \_\_\_\_\_  
 Date \_\_\_\_\_

(This form is valid when duly stamped and signed)