

**DIRECTORATE OF DORMITORIES DORM ROOM  
CONSIGNMENT FORM**

DORM - ROOM :		STUDENT NAME-SURNAME		BED NO:
STUDENT NUMBER:				DATE:
<b>CONSIGNMENT / RETRIEVAL</b>		<b>CHECK</b>		<b>EXPLANATION</b>
<i><b>ANAHTAR</b></i>		<b>Well</b>	<b>Damage</b>	<b>Missing</b>
DOOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wardrobe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caisson Cabinet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>INTERROOM</b></i>				
KITCHEN CABINETS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN BATTERY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MINI REFREGIRATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIR / TABLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BALCONY DOORS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BED RAIL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUILT / PILLOW		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BED / MATTERESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUVET SET / PILLOW CASE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOE CABINET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wardrobe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW HANDLES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEILING LIGHTING FIXTURE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DEDECTOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS AND PAINT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIGHTING SWITCH AND SOCKETS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEBOARD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWPANE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURTAINS AND CORNISHES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUBBISH BIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>BATHROOM</b></i>				
DOOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HANDLE AND LOCK FUNCTION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEILING LIGHTING FIXTURE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK WATER FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOAP DISPENSER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CABINET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIRROR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIRROR TOP LIGHTING LUMINAIRE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUSPENDED CEILING PANELS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIGHTING FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TILES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOWER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOWER WATER FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET PAPER HANDLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOWEL AND BATHROBE HOLDER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET / SIPHONE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET BRUSH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUBBISH BIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSIGNED STUDENT		I RECEIVED ALL MY ITEMS FOUND IN MY ROOM COMPLETELY.		
SIGNATURE		CONSIGNED BY		
		SIGNATURE		