



RAIPUR INSTITUTE OF MEDICAL SCIENCES

350 Bedded Hospital & Medical College

Health for All

RESIDENTIAL ACCOMMODATION

Allotment Requisition

Date:-..... Time:-.....

Name:-....., Designation:-.....

Department:-.....

Category:- Teaching Non-Teaching Nursing Student

Type:- Single Couple Family

If allotted, I will follow below mentioned conditions:-

1. I will maintain allotted accommodation in good condition.
2. I will ensure peace and zero noise levels after 9 PM.
3. I will pay my electricity bill if allotted quarters with cooking facilities.
4. I will follow all rules for campus living issued from time to time.
5. I will vacate my accommodation within 3 days after my job end with RIMS or will pay Rs. 1000/ nominal rent till the day I keep staying.
6. My full and final settlement will be done only after I vacate and hand over all items properly to management.

Signature:-.....

For Office Use

Availability: Yes No

Address:
.....

List of Item being given with accommodation. As per back page.

Health for All

HOD Authorization Signature:.....

Dean Authorization Signature:.....

Chairman Authorization Signature:.....

P.T.O.



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Item Details

S. No.	Giving Item Name	Quantity	Model No.	Serial No.
1.	A C			
2.	Freeze			
3.	Cooler			
4.	Ceiling Fan			
5.	Geyser			
6.	R O			
7.	TV and Set-Top Box			
8.	Almirah			
9.	Bed			
10.	Table			
11.	Chair			
12.	LED Tube/ Bulb			

Starting Electricity Meter Reading:-

Date:.....

I hereby, agree that all above information is true.

Name:-.....

Signature:-.....

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