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**RESIDENTIAL AND SERVICES DEPARTMENT  
FINANCE DIVISION  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**FACILITIES CHECKLIST FORM**

Name : \_\_\_\_\_

Matric No. : \_\_\_\_\_ Room No. : \_\_\_\_\_

Mahallah : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Year of Study : \_\_\_\_\_ Kull/Prog : \_\_\_\_\_

Please check the facilities in your room as listed below and return the form to the Mahallah Office immediately after checking.

Failure to submit the form, we will assume that the facilities provided in your room are in good order. Any lost or damage item(s) will be your responsibility thereafter.

NO.	ITEM	AVAILABILITY Please ( ✓ )	DEFECT (Please Specify)	FOR OFFICE USE	
				Date Report & W/O NO.	Job Done (Date)
1	Bed:				
	- Drawer				
	- Bed plank				
	- Mattress				
2	Study Table:				
	- Drawer				
3	Wardrobe:				
	- Hasp (Hook For Pad lock)				
	- Hanger Rod				
	- Drawer				
	- Mirror				
4	Study Chair				
5	Soft Board				
6	Bookshelf				
7	Window:				
	- Window Handle				
	- Curtain Railing				
	- Curtain				
8	Fan				
9	Study Lamp				
10	Bedroom Lamp				
11	Wall				
12	Floor				
13	Cleanliness				

<b>Common Area</b>					
14	Door Handle				
15	Mirror				
16	Shoe Rack				
17	Lamp				
18	Cleanliness				
<b>Others : Please specify(if any)</b>					
19					
20					

**DECLARATION**

*I hereby acknowledge that all facilities in my room are in good order. Any loss or damage item(s) found thereafter will be my responsibility.*

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Signature

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Date