Appendix no. 3 to Order no. 86/ 2024 of the Rector of the Medical University of Bialystok dated 9.07.2024 “Appendix no. 4b to the Regulations of Student Dormitory”

**Handover and receipt protocol of the room in the Student Dormitory no. 2**

# Handover protocol of the room in the Student Dormitory no. 2 in the segment no......................

First name and surname of the resident, student index number:

## Technical state of the segment (room, corridor, bathroom): Walls, floors, ceilings, bathroom fittings, white bathroom tiles, shower cabin, lights, electric sockets/internet sockets

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## Room equipment, corridor and bathroom equipment

|  |  |  |
| --- | --- | --- |
| 1. Rack item: | 7. Bedside drawer item: | 14. Fridge item: |
| 2. Desk/table item: | 8. Night lamp item: | 15. Microwave item: |
| 3. Armchair item: | 9. Blinds: | 16. Kettle item: |
| 4. Chair item: | 10. Wardrobe item: | 17. Mirror item: |
| 5. Swivel chair item: | 11. Clothing panel item: | 18. Shelves for cosmetics and paper: |
| 6. Sofa item: | 12. Standing kitchen cabinet item: | 19. Hangers for towels: |
| 7. Bedside drawer item: | 13. Hanging kitchen shelf item: | 20. Shower curtain with a pole item: |

I hereby declare that I accept the equipment of the room and of the segment in good state and without defects.

I acknowledge and I accept material responsibility in the period of use of the above-specified segment (room, corridor and bathroom) and equipment (in line with the hereby document) and I am obliged to hand over the above segment and equipment in the state not worsened that the state from before the handover. I acknowledge that the Applicant shall be burdened with all losses and damages. I grant my consent to be burdened with the equivalent amount for the incurred damages.

**Bialystok, on………………………………………..**

**Signature of resident:**

**Signature of Student Dormitory employee:**

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First name and surname of the resident, student index number:

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**Remarks:** …………………………………………………………………………………………………………………………………………………………

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**Białystok, on………………………………………..**

**Signature of resident:**

**Signature of Student Dormitory employee:**