****

**DORMITORY RESERVATION FORM**

**(Exchange Program/MOU)**

**PERSONAL INFORMATION**

ATTACH PHOTO

HERE

Name (Mr./Ms.):……………………………………………………………..…..

Middle Name: ………………………………………………………………….….

Last Name: ……………………………………………………………..…………..

Nationality: ……………………………………………………………..………….

Gender: [ ] Male [ ] Female

Student Year: …………………… Institution: …………………………………..…………………………………………………..……………

Resident Year: …………………. Institution: …………………………………..…………………………………………………..……………

Others (please specify) …………………………. Institution: ……………………………………………..…………………………………

Period of the visit: from ………………………………………………… to ……………………………………………………………….…..

(dd/mm/yy) (dd/mm/yy)

Department/Division: ……………………………………………… Unit/Subject: ………………………………………………………..

Date of check in (please specify): ………………………… Time: ………………………………………............

(dd/mm/yy)

Date of check out (please specify):……………………………Internet Account Request (Wifi): 🗆 Yes 🗆 No

(dd/mm/yy)

**ROOM TYPE**

Faculty’s dormitory room is available as below;

* Regular Room with fan/air conditioner (four beds sharing with the same sex)

**CHECK-IN TIME:** 02:00 P.M. or earlier subject to room availability

**CHECK-OUT TIME:**  12:00 P.M. – 4 P.M. (from Monday to Friday)

**Remark:**

* On the check-out time, the dormitory officer and housekeeper will check the room for any damage or removal.
* After check-out, any re-enter to the room will **NOT** be allowed.

- Baggage and/or luggage storage service can be provided to students who wish to continue staying in Thailand.  
*Check-in:* 1) 1-day advance check-in (before starting date) is possible without charge.

But more than 1 day the cost of THB 300/Night will apply.

Upon your request for accommodation, the dormitory reservation form must be submitted after your request for elective program has been accepted. Any late reservations will be subject to the space availability basis. Enquiries related to the reservation can be made by sending to the provided e-mail.

Please send a completed & signed copy of this form to the International Relations Section by both e-mail: [**Kitisak.jan@mahidol.ac.th**](mailto:Kitisak.jan@mahidol.ac.th) and post to the following address:

**International Relations Section**

**Faculty of Medicine Ramathibodi Hospital, Mahidol University**

**270 Rama VI Road, Ratchathewi, Bangkok 10400 THAILAND**

**Tel: +66 2 201 2763-4 Fax: +66 2 201 2763**

**DORMITORY RULES AND REGULATIONS**

1. **DO NOT** change your room without permission from the Medical Dormitory Committee.

2. Your rights of staying are restricted and non-transferrable.

3. Unauthorized guests are **NOT** allowed to enter to stay in the Dormitory.

4. Opposite sex students are **NOT** allowed to stay in the same room.

5. Gambling or illegal activities inside the Dormitory or its premises are strongly prohibited.

6. Smoking inside the Dormitory and the hospital premises is restrictedly prohibited.

The violator shall be subject to **penalty of 2,000 THB** and dormitory measures.

7. Alcoholic consumption and physical disturbances are **NOT** allowed inside the Dormitory.

8. Harmful weapons, bullets, explosive or inflammable substances are strongly prohibited in the Dormitory and its premises.

9. Loud noise or other possible disturbances to annoy other people inside the Dormitory is prohibited.

10. Switch off lights, air conditioner, and other electrical appliances when you are out the room; and also keep clean your room, terrace and public utilities.

11. **DO NOT** damage or remove any dormitory property. In case of any intentional damage or removal,

you will be subject to dormitory claims.

12. Following measures will be taken in case of violation of Dormitory Regulations:

• Removal from dormitory area

• Prohibited entry to dormitory

• Temporary confiscation of aggravating objects

• Responsibility verification procedure

• Refund claim due to caused damage and loss of revenue

\*Mentioned above are permitted to check up consideration of Dormitory Regulations without prior notice.

*Regulated by the Student Affairs Section*

*Faculty of Medicine Ramathibodi Hospital, Mahidol University*

I, the undersigned, have read the above statements, understand and accept all terms outlined.

……………………………………………………………

**Signature**

……………………………………………………………

**Date**