



Match Permission /Sports Items Issue Slip

It is stated that our _____ team want to play match / practice with _____ on _____.
Your kind approval, Sports Ground _____ and Sports Items mentioned below are needed for this purpose.

Name: _____ Department: _____ Registration no/Designation: _____

Signature: _____ Mobile No: _____ Date: _____

Sr. No	Item Description	Consumable	Returnable	Quantity/Quality word	Issued Date & Time	Due Returned Date & Time	Actual Return Date & Time

Remarks:

Note:

- Issued person will be held responsible in case of not returning or breaking of sports goods. In case of non returnage, Sports office may recover this loss on issued person end.
- In case of sports week / tournament, Items must be returned at the end of final games.

Arif Mehmood
Assistant Sports

Ms. Saima Tahir
Sports Officer