

**SIR PADAMPAT SINGANIA UNIVERSITY**  
**Bhatewar, Udaipur-313601**

**Sports Equipment Issue/Return Form**

**(STUDENTS)**

<b>Full Name</b>		
<b>Student ID</b>		
<b>Gender</b>		
<b>Course/Program</b>		
<b>Year of Study</b>		
<b>Contact Number</b>		
<b>Date of Request (Date and Time)</b>		
<b>Request Equipment</b>	<b>Item</b>	<b>Quantity</b>
<b>Date of Return (Date and Time)</b>		
<b>Self-Declaration:</b> 1. I understand that equipment must be used according to university policies and returned by the specified time. I acknowledge that I am responsible for the condition of the equipment and will report any damage or issues immediately. 2. I acknowledge that I have read and agree to adhere to the issue and return policy.		
<b>Signature of Student</b>		

**For Office Use:**

**Received By:** \_\_\_\_\_

**Date of Issuance:** \_\_\_\_\_

**Condition of Equipment before issue:** \_\_\_\_\_

**Date of Return:** \_\_\_\_\_

**Condition of Equipment after return:** \_\_\_\_\_

**Remarks (Damage or loss equipment)** \_\_\_\_\_

**Signature**