

## UNIVERSITY OF BALOCHISTAN, QUETTA DIRECTORATE OF SPORTS



1. Name:			<u>MEMBERS</u>	SHIP FO	<u>ORM</u>	Serial No:		
3. Gender:  Male Female								
5. Designation:  6. Office Name / University / College / School:  7. Residential Address:  8. Cell No:  9. CNIC No.  10. Sports (If Any):  11. Timing:  Morning Evening  12. In Case of Emergency Contact Person  Name Resident Phone No Cell No E-Mail Address  13. Blood Group:  14. Fee Deposited Rs:  15. Challan No & Date:  16. Name of Reference Person (Must be UoB Employee)  Name Department Designation Cell No  Important Note:- Following Documents are to be attached with the Form:  1. Two Recent Photographs  2. Copy of C.N.I.C.  3. Reference Person C.N.I.C & Employee Card.  4. Copy No. 2 of Fee Deposited Challan.  GENERAL RULES FOR MEMBERSHIP  1. Members have to pay a yearly membership fee of 2000/- (@Rs. 5.47 per day) in only H.B.L Bank UoB Branch, Sariab Road, Quetta.  2. Membership is available in Walking, Football, Cricket, Athletics, Badminton, Table Tennis, Squash, Volleyhall, Basketball, Jogging and Fitness Exercises, etc.  3. The office of the Directorate of Sports UoB will not responsible for the loss of any valuables.  4. No Member will be allowed to centre the playing courtifield without a proper kit.  5. No member is allowed to bring any type of firearms inside the complex/ground.  6. Vehicles & Motorbikes must be parked in the proper parking area.  7. Misbehave of Security saff and misconduct in the complex/ground can immediately lead to termination of membership.  8. The UoB reserves the right to urn down any application and already provided membership can be terminated without assigning any reason.  10. Show your membership ball stand canceled/terminated if I am found guilty of violating any of the above rules.  11. Have read all the rules and understood them in a true sense.  12. If Members have any problem, contact to ground in-charge Cell No: ±22-333-7837546  Applicant Signature:  Guardian's Signature  With C.N.I.C copy for less than 18 years members.	3. Gender							
7. Residential Address:  8. Cell No:	5. Design	Designation:						
8. Cell No:	6. Office	Office Name / University / College / School:						
8. Cell No:	7. Reside	Residential Address:						
12.	8. Cell No				CNIC No.			
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13. Blood Group:	12. In Case of Emergency Contact Person							
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(For Office Use): Card Issue Date: Card Expiry Date:	University of B	alochistan,			Card Expir	y Date:		