



QARSHI UNIVERSITY

Annexure – 20

LOCKER ASSIGNMENT FORM

Name: \_\_\_\_\_

Registration No. \_\_\_\_\_ Department: \_\_\_\_\_ Program: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Semester: Fall / Spring / Summer Yr.

The undersigned student requests that a locker be assigned to him / her and understands and agrees that assignment made to his / her is made and accepted under the following terms and conditions:

- i. Each locker is allocated to one student at a time; however, it may be used by more than one student based on mutual consent.
- ii. The University will not take any responsibility of safety of item stored in the locker
- iii. In case of theft or misplacement of any possession placed in the locker student will be solely responsible for the loss.
- iv. In case the key is lost or the locker is damaged in any way, the student using it will be charged full price for repair.

I hereby undertake:

- i. Not to switch with or give my locker to another student.
- ii. To notify concerned person if I vacate the locker prior to my graduation date or upon graduation.
- iii. Not to store perishable food items, items which could potentially be deemed unsafe or cause harm to self or others, controlled substances or any other item prohibited by university or rules of school policy in my locker.
- iv. Not to object to the opening of my locker by the University personnel for emergency purposes or for good cause as determined by the Dean or any other authorized personnel.
- v. To vacate the locker, if demanded by the concerned Authority and if I fail to do so by the date specified, the locker will be vacated and all contents will be immediately discarded.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For Office Use

Administration Department:

Approved

Yes  No

Number of locker assigned: \_\_\_\_\_

Name / Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement Receipt

Locker Assignment Form

Student Name: \_\_\_\_\_

Registration No. \_\_\_\_\_

Semester: Fall / Spring / Summer

Recipient Name / Designation: \_\_\_\_\_ Recipient Signature: \_\_\_\_\_

