

JHARKHAND STATE SPORTS PROMOTION SOCIETY (A CCL and State Govt. of Jharkhand Joint Initiative) OUR MISSION - OLYMPIC GOLD MEDALS





DATED: APPLICATION NO. CEO/LMC/JSSPS/K/2022-23/

STADIUM BOOKING FORM

Name of Association / Club / Organization:										
Association / Club / Organization postal a	ddress:									
Hiring Purpose:										
Primary Contact:	Please tick:	Mr Mrs Ms Dr								
Name:	Designation:									
Contact Number: (1)E-Mail Address:	(2)									
Secondary Contact:		Mr Mrs Ms Dr								
Name:	Designation:									
Contact Number: (1)E-Mail Address:	(2)									
L-Mail Addi 655.										
Acceptance of Terms & Conditions:										
I accept responsibility for ensuring complications of Approval, and agree that I organization I represent) will abide by the States	personally (or,	if applicable the association / club /								
Association / Club / Organization Name:										
Signature with stamp:		Date:								
FOR C	FFICE USE ON	LY								
Event Application Form Received: Yes / N	0	Date received:								
Purpose of Event: (a) Sports (FOC)		CCL □ SAJHA □								
(b) Sports (Chargeable	e) 🗆									
(c) Non – Sports (FOC) \square	CCL □ SAJHA □								
(d) Non – Sports (Char	geable)									

Venue / Stadium:							
a) Harivansh Tana Bhagat Indoor Stadium							
b) Thakur Vishwanath Shahdeo Indoor Stadium							
c) Veer Budhu Bhagat Aquatic Stadium							
d) Ganpat Rai Indoor Stadium							
e) Lawn Tennis Stadium							
f) Birsa Munda Athletics Stadium							
g) Tikait Umrao Shooting Range							
h) Sidho Kanhu Velodrome Stadium							
i) VVIP Guest House							
VVIP Guest House - Number of Room	s Required: $\Box\Box$						
Dormitories - Number of Dormitory Re	equired:						
Event Booked for Number of Days:							
Event Date (DD / MM / YYYY):							
from DD/DD/DDD to							
Number of People Attending the Event:							
Electricity: a) With AC							
b) Without AC							
High Mast Light Opt. (For Outdoor Stadium): Yes	No						
FOR OFFICE U	SE ONLY						
Booking Consent Given: YES / NO	Date: D / D / D D						
Booking Amount Received: YES / NO	Via: Demand Draft / RTGS						
Vide No	Dated: LILI / LILI / LILILILI						
Member (Sports) LMC, JSSPS, Khelgaon	Chief Executive Officer LMC, JSSPS, Khelgaon						
1							

Calculation Sheet:

Sl.	Stadium / Location /	Date(s)	No. of	Rate (In	Security	Electricity	Amount
No.	Place to be allotted		Days	Rupees)	Deposit	Charge	
1.							
2.							
3.							
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Approval: