

GATE PASS

Date: _____

Name of Authorized Person on behalf of Department: _____

Company/Department: _____ Signature of Authorized Person: _____

Place to Carry from: _____ To: _____

Purpose of Out: _____

Returnable Not Returnable Date of Return(Tentative): _____

S.No.	Description & Specification of Item(s)	Quantity	Remarks(s)

Time Out: _____

Time in: _____

Date Out: _____

Date in: _____

Departmental Head (Name with Signature): _____

Signature of Registrar/Authorized Officer: _____

PASS OUT

**SMIU SECURITY OUT
 STAMP WITH DATE**

Signature of Security

Supervisor: _____

PASS IN

**SMIU SECURITY IN
 STAMP WITH DATE**