



GATE PASS (OUT)

Gate Pass No.: _____ Date: _____
 Company Other Name : _____ Contact No: _____
 Contact Person: _____ Contact No: _____
 Returnable: Non-Returnable:

Sl. No.	Description of Material(s)	Asset No	Unit	Quantity	Remarks

Reason for taking out: _____
 (If Non-Returnable Please attached approval) _____

For Department Only

Name _____
 Designation _____
 Signature _____
 Date: _____

For use of Security staff only

The Gate Pass has been entered.
 Register No. _____ Page No. _____
 Name _____
 Security Officer _____
 Signature _____
 Date _____

GATE PASS (IN)

Date of Return _____

Company/ Other Name : _____
 Recveiled BY _____ Contact No: _____

Condition Of Goods: _____

Check by Department _____

Signature _____ Date: _____

*** Two copies will be presented by the vendor out of which one copy for the Vendor and one for security.
 The vendor will present his copy while bringing the item back.*