

Gate / Entry Pass

(To be filled by the applicant and to be sent through email)

Candidate's Copy

This is to certify that Shri/ Mr./ Ms. / Mrs./ Dr./ Prof., coming from Vill. / Town....., GP/ Ward No..... P.O., Dist., is permitted to visit the Department / Office of the on(date) from am / pm to am/ pm. Concerned person is requested to submit the declaration regarding COVID 19 protocol, if not yet submitted.

Signature of visitor

Issuing authority

Office Copy

This is to certify that Shri/ Mr./ Ms. / Mrs./ Dr./ Prof., coming from Vill. / Town....., GP/ Ward No..... P.O., Dist., is permitted to visit the Department / Office of the on(date) from am / pm to am/ pm. Concerned person is requested to submit the declaration regarding COVID 19 protocol, if not yet submitted.

Signature of visitor

Issuing authority

Security Copy

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Signature of visitor

Issuing authority