

VISITOR'S PASS

No. _____ Date: ___/___/20___

Visitor's Name:.....	
No. of persons accompanying:.....	
Address:.....	
Phone No.:	
PERSONAL/OFFICIAL	
If Official, Representing : _____	
Purpose of Visit:.....	
Whom to Meet:.....	
Department :..... Time in:.....	
Signature of Security	Signature of Visitor
Signature of Staff Met	Time of leaving: _____
Exit time at Main Gate: _____	Initials of security

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STUDENT GATE PASS

Date: ___/___/20___

Name of student:.....	Signature of the Student
Admission No./Roll No:.....	The above student is permitted to leave the college at(Time)
Branch & Year:.....	
Phone No.:	Exit time at Main Gate: _____ Initials of security
Permission to leave College at (Mention time)	
Purpose :	

STUDENT GATE PASS

Date: ___/___/20___

Name of student:.....	Signature of the Student
Admission No./Roll No:.....	The above student is permitted to leave the college at(Time)
Branch & Year:.....	
Phone No.:	Exit time at Main Gate: _____ Initials of security
Permission to leave College at (Mention time)	
Purpose :	

STUDENT GATE PASS

Date: ___/___/20___

Name of student:.....	Signature of the Student
Admission No./Roll No:.....	The above student is permitted to leave the college at(Time)
Branch & Year:.....	
Phone No.:	Exit time at Main Gate: _____ Initials of security
Permission to leave College at (Mention time)	
Purpose :	

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY - HYD - 500 075

Personal Gate Pass for Staff
(To leave college during working hours)

Date: _____

Department: _____

1. Name of the staff member :
2. Designation :
3. Permission to leave college at :
4. Purpose :
- Permission Granted :

**Signature of Head of the Department
with seal**

Time of leaving college out Gate _____

Signature of the Security
Name: _____

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY - HYD - 500 075

Personal Gate Pass for Staff
(To leave college during working hours)

Date: _____

Department: _____

1. Name of the staff member :
2. Designation :
3. Permission to leave college at :
4. Purpose :
- Permission Granted :

**Signature of Head of the Department
with seal**

Time of leaving college out Gate _____

Signature of the Security
Name: _____

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY - HYD - 500 075

Date:

Outside Duty Slip

Mr./Mrs. _____, _____ of our Department is assigned the following outside work.

For this purpose he/she is permitted to leave the college on _____ (Date) at _____ (Time)
For this purpose he/she is permitted to come to college Late on _____ (Date) at _____ (Time)
(Tick whichever is appropriate).

The same may be taken note of in his/she Bio-Metric Attendance record.

Signature of the HOD (with seal)

Department _____

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY - HYD - 500 075

Date:

Outside Duty Slip

Mr./Mrs. _____, _____ of our Department is assigned the following outside work.

For this purpose he/she is permitted to leave the college on _____ (Date) at _____ (Time)
For this purpose he/she is permitted to come to college Late on _____ (Date) at _____ (Time)
(Tick whichever is appropriate).

The same may be taken note of in his/she Bio-Metric Attendance record.

Signature of the HOD (with seal)

Department _____