## Gate / Entry Pass

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

## Candidate's Copy

This			certify								
GP/	Ward  am	/ pm	o . Concerne	, is pe	ermitted on	P.O. to vis	 it the (d <i>a</i>	Depar	rtment / om	, Office am /	Dist. of the pm to
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Signature of visitor

Issuing authority