Gate / Entry Pass

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

Candidate's Copy

			certify									
GP/	Ward	N	 O			P.O.		•••••		,	Dist.	
		-	. Concerne ol, if not ye	•	-	uested to	o subn	nit the	e declara	tion reg	arding	
Signat	ture of	visito	or						Issuin	g autho	rity	
					Off	ice Copy	7					
			certify									
GP/ 	Ward	No	Concerned, if not ye	, is pe	ermitted . on	P.O. to visi	 t the (da	Departe) fro	rtment /	 Office am /	Dist. of the pm to	
Signature of visitor							Issuing authority					
					Security	у Сору						
			certify									
GP/ 	Ward	No	Concerne	is po	ermitted . on	P.O. to visit	 the l (da	Depar	tment /	, Office am /	Dist. of the pm to	

Signature of visitor

Issuing authority