

RETURNABLE GATE PASS

1. Description		
2. Make		
3. Model / Serial No.		
4. Quantity		
5. Reason		
6. Name and address of the Agency / Person carrying the item	M/s.	
* Items to be taken for		
- Fabrication & Return		
- Re-filling & Return		
- Modification & Return		
- Process & Return		
- Repair & Return		
- Others (Specify)		
7. Probable date of Return		
(Signature) Name: Date: Dept. / Lab / Unit	For Approval (Administrative Officer)	
(S.P.O.)	Gate Pass No.: Date:	