



SOBHASARIA GROUP OF INSTITUTIONS

Gate Pass Authorization for Taking out Material

Sr. #.....

Mr. Dept..... Date.....

Allowed to take following items/articles Out/In From.....To.....

Vendor Name: -

Sr. #	Name of Item	Name of Department	Purpose	Quantity	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Department Head

Authorized Signatory

Pass IN/OUT

Security In-Charge