

INDIRA GANDHI INSTITUTE OF PHYSICAL EDUCATION & SPORTS SCIENCES

(University of Delhi)

B-Block, Vikaspuri, New Delhi – 110018

GATE PASS

Dated: _____

Name _____ Pass No. _____

Deptt. _____ Duration _____

Purpose official / Personnel _____

SIGNATURE OF EMPLOYEE

RECOMMENDED BY SECTION INCHARGE

Time out _____

Time in _____

OFFICIATING PRINCIPAL

SIGNATURE OF SECURITY STAFF

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