

INDIAN STATISTICAL INSTITUTE
BANGALORE CENTRE

REQUEST FOR GATE PASS
(Material only)

Date:

1. Description of the item:
2. Total Number:
3. (a) Purpose for which taken out :
(b) Whether the item is expected to be brought : Yes / No
4. Person requisitioning the items to be taken out :
5. Any other remarks :

Date :

Head of Unit

CENTRAL OFFICE USE
ISSUE OF GATE PASS

Gate Pass No.:

Date:

Authorised Signatory
Designation

Signature of the person
Taking out the material :

Note: This gate pass is valid only during the office working hours.

FOR USE OF SECURITY

1. Time & date material passed through the gate :

Signature of the Security Guard

2. Time & date material brought back to the campus :

Signature of the Security Guard