

E & M Sub-Department

Gate Pass

Issuer Name:	Date:
Department:	Designation:
Contact:	Signature:
OLT NO.	

SR. No.	Tools Description	M/U	QTY.	Remarks
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To be filled by receiver:

Receivers Name:	_____	Department:	_____
Sign:	_____	Instruction from:	_____
OLT NO.	_____	Receivers Contact:	_____