

<div>BRB HOSPITALS LTD</div> <div>Out Pass Date: ID No: Name: Dept.: Designation: Reason:</div> <div>SignatureHead of dept.</div>	<div>BRB HOSPITALS LTD</div> <div>Out Pass Date: ID No: Name: Dept.: Designation: Reason:</div> <div>SignatureHead of dept.</div>
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