

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

Ref.No. _____

Date: _____

Ms. /Mr. /Dr. _____

Gate Pass (Personal)

Kindly allow to go _____
on (dated) _____ (at _____ to _____)
for (Purpose) _____

Prepared By: _____

Signature of the applicant: _____

Recommended by (Dean/HOD)

Approved By (Principal Director/ Vice Principal)

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