## Sant Baba Bhag Singh University Vill. Khiala, P.O. Padhíana-144030 Distt. Jalandhar, Punjab

## **Gate Pass**

			Date:
I	D/S/o_		,
resident of			(Full Address)
Student of	(Course Name) Semester	of	(Institute Name) wants to go out of
the campus due to			
(Mention Reason for leason of	aving University/Campus). I ha	ive taken the p	permission from my parents and Dear
	ity campus, my responsibility wi	ll be mine and i	my parents' only.
(Phone No. on which per	mission was taken and Relation)		Signature of Student
Telephonic permission of	his/her parents		
by concerned Teacher / In	ncharge		
Signature of concerned	Signature oj	f HoD/CoD	Signature of Dean
Teacher / Incharge			
	Sant Baba Bhag S	Singh Universi	ty
V	ill. Khiala, P.O. Padhíana-144	030 Distt. Jala	andhar, Punjab
	<u>Gate l</u>	Pass	
			Date:
	D/S/o_		
			(Full Address)
			(Institute Name) wants to go out or
(Mention Reason for leason of .	aving University/Campus). I ha	ive taken the p	permission from my parents and Dear
	ity campus, my responsibility wi	ll be mine and i	my parents' only.
(Phone No. on which per	mission was taken and Relation)		Signature of Student
Telephonic permission of	his/her parents		
by concerned Teacher / In	ncharge		
Signature of concerned	——————————————————————————————————————	· HoD/CoD	Signature of Dean

Teacher / Incharge