

CENTRAL UNIVERSITY OF PUNJAB

Dated...../...../.....

GATE PASS

(RETURNABLE/ NON-RETURNABLE)

Name of the Office Issuing Gate Pass

Material Handling Agency

Reason of Material Out Pass

Sr No.	Description of Material	Denomination (Nos./ Mtrs etc.)	Qty

It is certified that the material(s) belongs to the CUPB and is the property of CUPB. I am fully satisfied that material(s) be allowed to be taken out of CUPB Campus and is Returnable/ Non-Returnable.

Or

I certify that the material(s) belongs to the Contractor/ is surplus and is not the Property of CUPB. I am fully satisfied that material(s) be allowed to be taken out of CUPB Campus and is Returnable/ Non-Returnable.

Or

I certify that the material(s) is personal property and is not property of CUPB.

*****Strike off whichever is not applicable***

Sign:

Name/Designation:

Mobile No.:

(Person Escorting the Material)

Sign and Stamp of Person
Issuing Out Pass

Sign and Stamp of Security

Note:- It will be the responsibility of the concerned department signatory to ensure that the Returnable Items taken out from the Campus are received back within stipulated time and the entry is made in Gate Pass Register.