

Gate Pass/Challan

(This form is used by IT Department only In case of any equipment; materials need to send out side of office directly by the IT department for repair/maintenance and replacement...etc.)

	// DD / MM / YY			WG/IT/		-	
\	ation/Danage		Particulars of Receiver				
_	ation/Person:s:						
-uui 030							
Tel:		Fax:	Mobile		Email:		
Contact	Person (In case of Emergen	Contact No:					
Purpose	9 :						
SI.	Item	Item Desc	cription	Qty.		Remark	
No.							
\dashv							
Note	(if any):						
uthor	rized by (IT personal/	Representative):		Receiver ((Vendor/R	Representative):	
ame:_				Name:			
Designation:				Designation:			
				Contact N	o.:		
	Signature			Si	gnature		
Signature Date:				Signature Date:			
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