

IIITDM KANCHEEPURAM

Dean (SR,IC & CE) Office

GATE PASS EXEMPTION FORM

Name of the P.I :		Project/funding agency :	
Description of the Items :			
Quantity :		Invoice Value :	
Date and In-Time :			
Reason for not taking the GATE Pass :		Received Personally <input type="checkbox"/> (or) Online Purchase <input type="checkbox"/>	
Signature of P.I	Recommendation of the Dean (SRICCE)		
Date:	Date:		

(Office Use)

Items verified by Sricce-Stores : (Yes / No)

Signature of Superintendent

Remarks:

Approved / Not Approved

Registrar