



# RAIPUR INSTITUTE OF MEDICAL SCIENCES

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Health for All

## GATE PASS

Date: \_\_\_\_\_

Time : \_\_\_\_\_

Employee

Student

Name : \_\_\_\_\_

Department : \_\_\_\_\_

Reason : \_\_\_\_\_ Time : \_\_\_\_\_ In Time : \_\_\_\_\_

### Approval

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Sign. : \_\_\_\_\_