



**GOVT. GRADUATE COLLEGE
Sheikhupura**

Gate Pass

Govt. Graduate College
Civil Lines, Sheikhupura

Department Copy

Date: ____/____/____

Student's Name: _____ College Roll No.: _____
Father's Name: _____ University Roll No.: _____
Class: _____ Section: _____
Department: _____ Semester: _____
Out Time: _____ Student Signature _____
Out Reason: _____

Signature of HOD: _____



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