

	GATE PASS BAHRIA UNIVERSITY E-8 CAMPUS ISLAMABAD	Review Date: _____
		Sheet 1 of 1

RETURNABLE / NON-RETURNABLE
(Strike off which ever not applicable)

Sr. No: _____

Date: _____

S. No	Name & Full Description of the Item	Qty	Model No	Remarks

Received By:

Signature: _____

Name: _____

Designation: _____

Date: _____

Issue By:

Signature & Stamp: _____

Name: _____

Designation: _____

Date: _____

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