

Visitors Entry Permission for IDC

Date _____

Name of the Coordinator _____

Employee Code _____ Designation _____

Group / Division Name _____

Contact No. Tel / Mob. _____

Purpose of the Visit _____

Date Period _____ Time (From) _____ (To) _____

S.No.	Name of Officials	Designation	Name of Organisation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Kindly Mention The Zone for which Permission is to be granted:

Zone - 1 Yes NO For Entering into Conference Room And Guest AreaZone - 2 Yes NO For Entering into Webcast Room, Lobby Area, AHU and areas covered in Zone-1Zone - 3 Yes NO For Entering into Deck Area and areas covered in Zone-2Zone - 4 Yes NO For Entering into Equipment Area (Server Room) and area covered in Zone-3

Signature of Coordinator _____

Signature of HOD DC&WS _____