

Visitors Pass

Sl.No		
1.	Name of the Person	
2.	Company Name	
3.	Designation	
4.	Address	
5.	City	
6.	Pin code	
7.	State	
8.	Country	
9.	Mobile Number	
10.	Landline No:	
11.	Email Id	
12.	To Which domain / Sector that you belong	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Defence <input type="checkbox"/> IT <input type="checkbox"/> Government <input type="checkbox"/> Aerospace <input type="checkbox"/> Robotics <input type="checkbox"/> Automation <input type="checkbox"/> Healthcare <input type="checkbox"/> AI <input type="checkbox"/> Insurance <input type="checkbox"/> Telecom <input type="checkbox"/> Bank / Finance <input type="checkbox"/> Analytics <input type="checkbox"/> Others

Signature of visiting person

Name:

Date:

Place: