FORM 'H'

GOVERNMENT OF ORISSA

HOME DEPARTMENT

(Secretariat Security Section)

VISITOR'S PASS

Non-Transferable

Date of Visit..... .....Time.....

Name of the Visitor.....

Officer to the visited.....

Purpose of Visit Official/Personal

Signature of the Issuing Officer
with Stamp

(To be got signed by the Officer visited and handed over to the Sentry on leaving the Secretariat premises.)