

Serampore College

College/Carey Cemetery Visitation Form

Date of Request:

To,
The Principal,
Serampore College,
Serampore, Hooghly.

1. Requester's Name (attached name's list if more than 07): (i) _____
(ii) _____ (iii) _____
(iv) _____ (v) _____
(vi) _____ (vii) _____
2. Mobile No.: _____
3. Email id: _____
4. Any Govt. id No. (preferably Aadhar no.): _____
5. Date of Visit: _____ Duration of the Visit: _____
6. Place(s) of Visit: (i) College Campus [] (ii) Carey Museum [] (iii) Carey Cemetery [] (iv) Library [] (v) Other (please mention the name) _____
7. Purpose of the Visit: _____
8. Contact/Known Person in College (if any): _____

Visitor's Signature

Permitted [] Regretted []

Dr. Vansanglura
Principal & CEO

C.C.:

1. Gate Security []
2. Attendant, CLRC []
3. Guard, Carey Cemetery []