CENTRAL UNIVERSITY OF KARNATAKA

(Established by an Act of the Parliament in 2009)



Administration SH-10, Aland Road Kalaburagi - 585 367 Phone (08477) – 226722 Website: www.cuk.ac.in Email: registrar@cuk.ac.in

No. CUK/ADMN-III/F-726/2023-24/64

23. APR 2024

CIRCULAR

It is brought to the Notice of all the concerned that for the safety and security of CUK students, Staff and family members and also the assets of Central University of Karnataka the Security procedures have been streamlined.

In view of the above, all the visitors are hereby informed to ensure below mentioned procedures for seamless entry in to CUK campus well in advance. The format for

The Procedure for Visitors/Guest Pass/Service Provider as follows

It is mandatory for all employees and students of the University to obtain this pass if they intend to facilitate the entry of visitors, guests, or service providers through the Main Gate.

Steps to facilitate visitor entry onto the campus:

Visitors/Guest Pass/Service Provider attached Annexure -I.

- 1. **Obtain the Pass:** Download the Visitors Pass from the CUK Website and complete all required fields on the form.
- 2. **Registration:** Record visitor details in the Registrar's Office register and submit the form to the Personal Secretary (PS) to the Registrar.
- 3. **Approval and Dispatch:** Upon approval by the Registrar, the Visitor Pass should be promptly dispatched to the Main Gate for further processing.

Note: Visitor Pass requests must be submitted and approved at least one day prior to the scheduled arrival of the visitors, guests, or service providers. #By Order#

To All the concerned

Copy to:

1. PS to Vice Chancellor

2. Security Supervisor / Security Inspector

3. Concerned file

बुल तिचेव / REGISTRAR कर्नाटक केन्द्रीय बिश्वविद्यालय Central University of Karnataka कतुरुगि / KALABURAGI

VISITORS/Guest PASS/Service Provider: Central University of <u>Karnataka</u>

Pass S No:	Date	
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Requested BY	- at frequency to the month of the delication	

<u>Name</u>	Designation	Department	Purpose Official/ Personal	Time of Arrival /Exit of Visitor	Sign
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Visitor Details

Name	Designation	Department/Address	Department to be visited	Holding Identity Card No	Vehicle No
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	Approval	of HOD
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Approval of Registrar

Permit/Deny

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VISITOR PASS		
Pass Serial No		
Date		
Vistor Name		
Mobile No		
Address		
Purpose of Visit		
Person to meet		
In Time		
Out Time		
Signature of the Visitor		
Signature of the Security Supervisior	Signature of the Employee Whom the Visitor Meet	

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