|  |  |
| --- | --- |
| snrSRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY, COIMBATORE-10(Approved by AICTE, New Delhi – Affiliated to AnnaUniversity, Chennai)sritINDUSTRIAL VISIT |  |

Annexure I

#### REQUEST FOR STUDY TOUR / INDUSTRIAL VISIT

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Branch and Semester |  | : |
| **2.** | Nature of tour |  | : **Study tour/Industrial visit** |
| **3.** | Places or Industries planned to visit |  | : |
| **4.** | Proposed dates of tour or visit |  | : |
| **5.** | Mode of journey |  | : **Bus only/Train only/Partially by bus and train** |
| **6.** | Total number of students in class |  | : |
| **7.** | Total number of attending students |  | : |
|  | (Attach students list as per Annexure IV)a. Number of Boys | : |  |
|  | b. Number of Girls | : |  |

1. Details of accompanying Faculty members :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No. | Name | Designation | Department | Phone Number | Signature |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

1. Details of Industry from which permission obtained : (Attach copy of permission letter)
	* Industry 1:
	* Industry 2:
2. Total number of days :
3. Number of nights :
4. Number of days :

#### Signature of Class Representatives/Tour coordinators

1. Name………………………. Signature…………………………..

2. Name………………………..Signature…………………………..

Place :

Date :

#### REMARKS

Recommended /Not recommended

**Tutor**

(Signature with Date)

Name :

Designation :

Signature :

Date :

Recommended / Not recommended

#### Head of Department

(Signature with date)

#### Sanction order of Principal

Permitted/Not permitted

#### Principal

(Signature with date) (Office Seal)

Annexure II

#### TRAVEL PLAN FOR STUDY TOUR / INDUSTRIAL VISIT PART A

|  |  |  |
| --- | --- | --- |
| **1.** | Branch & Semester | : |
| **2.** | Nature of tour | : **Study tour/Industrial visit** |
| **3.** | Dates of journey | : From ………………….. To…………. |
| **4.** | Total number of days | : |
| **5.** | Travel plan |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Particulars | Day 1 | Night 1 | Day 2 | Night 2 | Day 3 | Night 3 | Day 4 |
| Date |  |  |  |  |  |  |  |
| Boarding place& Time | **SRIT** |  |  |  |  |  |  |
| Places /Industry visited |  |  |  |  |  |  |  |
| Destination Place & Time |  |  |  |  |  |  |  |
| Place of accommodation/Refreshment |  |  |  |  |  |  |  |
| Remarks |  |  |  |  |  |  |  |

#### Signature of Class Representatives/Tour coordinators

1. Name………………………. Signature…………………………..

2. Name………………………..Signature…………………………..

#### Signature of Accompanying Staff Members

PART B

1. Details of journey (*Use separate sheet if necessary*)

#### Details of Train (if applicable)

Train No. : Name of Train : Date of journey :

Boarding station : Time of departure : AM/PM

Destination station : Time of arrival : AM/PM PNR Number :

#### Details of Bus

Address of Travel agency : (Including phone no.)

Reg. no. of Bus :

Seating capacity :

Whether the bus is A/c or non A/c :

* 1. **Details of accommodation** Address of hotel booked : (Including telephone number)

#### Night 1

* **Night 2**
* **Night 3**
1. Total distance to destination : (Can refer Google map)
2. Total fare/head (Including food/accommodation/bus or train charge

#### Signature of Class Representatives/Tour coordinators

1. Name………………………. Signature…………………………..

2. Name………………………..Signature…………………………..

#### Signature of Accompanying Staff Members

Annexure III

#### PARENT /GUARDIAN CONSENT LETTER FOR STUDY TOUR / INDUSTRIAL VISIT

I……………………………………Parent/Guardian of………………………….do hereby give my consent to my son/daughter for study tour/industrial visit to……………………………………………………………… from…………to…………(….days) along with faculty members. During journey, I assure you that he/she will abide the rules and regulations stipulated by the faculty members, Institution and AICTE. I understand that the college authorities will not be held responsible for any untoward incidents that may occur during the journey.

Name of Student : Contact No. : Signature :

Name of Parent / Guardian : Contact No. :

Signature :

Annexure IV

#### PARTICULARS OF PARENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Roll No. | Name of Student | Name of Parent | Contact no. | Remarks |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |

Annexure V

# Certificate from Principal

#### TO WHOMSOEVER IT MAY CONCERN

This is to certify that the following students (copy attached) of………………………..branch and …………semester are permitted to undergo the specified Visit to ………………(Place/Industry) from ……….. to ………… ….. days; as per the college/ university/ AICTE norms.

Place :

Date : PRINCIPAL

(College seal)

Annexure VI

# Certificate from Industry

This is to certify that the \_\_\_\_\_\_\_\_\_\_ number of students (Students list attached) of………………………..branch and …………semester of Sri Ramakrishna Institute of Technology, Coimbatore has undergone the Industrial visit, from ………………………………………………………….. Organization on……………. as per the company norms and regulations and completed successfully.

#### Place :

**Date : Authorized Signature**

**(Seal)**

Annexure VII

**Particulars of Students**

**College : 7138 - SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY**

#### Branch : Semester :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Roll No. | Name of Student | Mobile Number | Blood Group | Special problem if any |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |