

**K. S. Rangasamy College of Arts and Science (Autonomous)**

Affiliated to Periyar University, Salem, Approved by AICTE, New Delhi,

Accredited by NAAC with"A" Grade (Third Cycle) & Included under 2(f) & 12(B) of UGC Act 1956K.S.R. Kalvi Nagar, Tiruchengode– 637 215, Namakkal Dt., Tamil Nadu, India

Tel: 04288 274741-4 (4 lines) | E-mail: contact@ksrcas.edu | Website: www.ksrcas.edu

**INDUSTRIAL VISIT/CULTURAL VISIT/ FIELD TRIP/STUDY TOUR/OUT BOUND TRAINING APPROVAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Department | Name of the Applicant | Employee ID | Date |
|  |  |  |  |

***Note: 1. Kindly read the Guidelines before filling the form.***

***2. The Form should be submitted two weeks prior to the departure.***

***Visit Details***

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Type of Visit** | **:** | ….…………………………………………………………………………….. |
| **2** | **Place of Visit** | **:** | ….…………………………………………………………………………….. |
| **3** | **Address (Place of visit)** | **:** | ……………………………………………………….………………..………  …………………………………………………………………………………  …………………………………………………………………………………  Phone : …………….…………… Email : ………………………………... |
| **4** | **Departure** | **:** | Date : ….…...…/….….…./20…………...Time : \_\_\_\_\_\_ **:** \_\_\_\_\_\_ |
| **5** | **Arrival** | **:** | Date : ….…...…/….….…./20…………...Time : \_\_\_\_\_\_ **:** \_\_\_\_\_\_ |
| **6** | **Mode of Travel** | **:** | Train/Bus/Car/Van/Other Mode -Specify (Enclose details in Annexure 7) |
| **7** | **Approvals** | **:** | **IV Coordinator Head of the Department**  ( Signature ) ( Signature ) |

( Seal ) ( Seal )

**IQAC DIRECTOR PRINCIPAL**

**Enclosures**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Copy of Approval letter from Industry** | **:** | Yes/No (Enclose details in Annexure 1) |
| **2** | **Accompanying Faculty Details and Undertaking Letter** | **:** | Yes/No (Enclose details in Annexure 2) |
| **3** | **List of Students Male/Female** | **:** | Yes/No (Enclose details in Annexure 3) |
| **4** | **Hostel Permission form** | **:** | Yes/No (Enclose details in Annexure 4) |
| **4** | **Undertaking Letter From Students & Parents/Guardian** | **:** | Yes/No (Enclose details in Annexure 5) |
| **5** | **Accommodation Details with the Confirmation letter** | **:** | Yes/No (Enclose details in Annexure 6) |
| **6** | **Travel Details** | **:** | Yes/No (Enclose details in Annexure 7) |
| **7** | **Estimated Expenditure** | **:** | Yes/No (Enclose details in Annexure 8) |

**Annexure – 1**

**Copy of the Approval Letter from Industry**

* Should contain a clear date, time and number of days of Visit
* Letter should be by the authenticated person from the Industry minimum at Manager Level with seal.

**Annexure - 2**

**List of Accompanying Faculty**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Name of the Faculty/**  **Designation/ Department** | **Male / Female** | **Contact Mobile Number** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**UNDERTAKING LETTER - FACULTY**

We hereby undertake that the Industrial Visit/Cultural Visit/ Field Trip/Study Tour/Outbound Training is purely academic-related and in any case, we shall undertake full responsibility for the student’s actions and behavior at all times during the course of the Industrial Visit/Cultural Visit/ Field Trip/Study Tour Outbound Training. We further undertake not to breach the safety guidelines of the KSRCAS at any cost.

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Name** | **Signature** |
|  |  |  |
|  |  |  |

**Annexure - 3**

**List of Students**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Reg.No** | **Name** | **Male/Female** | **Mobile Number** | **Blood Group** | **Special Problem if any** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |

**Annexure - 4**

**HOSTEL PERMISSION FORM**

Date:

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of permission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hostel:** Boys / Girls

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Reg. No.** | **Name** | **Mobile No.** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

Permitted / Not Permitted

**HOD DEPUTY WARDEN CHIE WARDEN PRINCIPAL**

**Annexure –5**

**Undertaking by Students**

(For One Day Visit)

We the students of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby undertake that we are going on an Industrial Visit / Field Trip / Study tour to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_organized on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_departure date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from KSRCAS, Tiruchengode and arrival on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at KSRCAS, Tiruchengode. Faculty and staff of KSRCAS, Tiruchengode will not be held responsible for any mishap / eventualities during the trip.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Register No.** | **Name of the Student** | **Signature** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

\* The Undertaking should repeat on all pages

**Annexure - 5**

**Undertaking by Student**

I,…………………………………………………………, the student of ………………………… Department (Reg. no…………………………) hereby declare that I am going to …………………………………………………….. from…………. to ………………... and I am medically fit based on the basis of a certificate obtained from the recognized medical practitioner. I will cooperate with all my classmates and will follow all the instructions given by the faculty member/ team leader. In case of any act of indiscipline or misbehavior by me, I shall owe responsibility and shall abide by the action/decision taken by the faculty member/ team leader. I will follow all the moral duties during the industrial visit.

Date……………………. Signature of the student

**Undertaking by Parent/Guardian**

I, Mr/Mrs ………………………………………………… father/mother ……………… of ……………………………………………………... I am aware that, my son/ daughter is participating in the industrial visit organized by the KSRCAS scheduled from …………… to …………… with our full acceptance. I shall ensure that my son/daughter shall abide by the KSRCAS terms & conditions for industrial visits. I hereby declare & confirm that KSRCAS shall not be held responsible in the event of any misfortune or accidents and/or personal injuries whether fatal or otherwise involving my son/daughter. I shall take full responsibility for all the consequences should any other person or body suffer such accidents and/or personal injuries and/or damage to property as a result of my son/daughter’s negligent act during the period of the industrial visit.

I confirm that my ward is covered with accident and life insurance. Further, the KSRCAS shall not be responsible for my son/daughter’s misconduct or wrongdoing at all times during the period of the industrial visit & shall obey the instructions of the faculty members who are accompanying during the industrial visit.

Date…………………… Signature of parent/guardian

**Annexure 6**

**Accommodation details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name of Hotel/Guest House** | **Address and Phone Numbers** | **Responsible Person Handling** | **Remarks** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

\* Attach the accommodation booking copy

**Annexure 7**

**Travels details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Details** | **Mode of Travel** | **Travel Details \* with Phone number of Agent and Driver Phone Number** | **Responsible Person Handling** |
| **1.** | KSRCAS to Industry/Institute |  |  |  |
| **2.** | Industry/Institute to KSRCAS |  |  |  |

\* If Travel by outside KSRCAS bus FC copy of the bus should be attached

**Annexure 8**

**Estimated Expenditure (Attach a separate sheet for the financial estimate)**

|  |  |
| --- | --- |
| **Traveling Expenses** |  |
| **Boarding & Lodging expenses** |  |
| **Any other expenses** |  |
| **Total Tentative Expenses (Rs.)** |  |
| **Expense per Student(Rs.)** |  |

Enclose details