

# INDUSTRIAL TRAINING/ VOCATIONAL TRAINING/ FIELD TRIP/STUDY TOUR $\underline{APPROVAL\ FORM}$

	Student Code	name of	the Student	Department	Date
1.	Type of Training/Visit	:			
2.	Training arranged by	:	Institute	Self	
3.	Duration of Training/V	isit :	From:	to	() Days
4.	Address & Phone Nos. contact)	(for :			
	E-mail id				
5.	Mode of Travel	:	Train/Bus/Car/Var Annexure 1)	n/Other Mode -Specit	fy (Enclose details in
6.	Name of the Industry	:			
7.	Copy of Approval letter Industry	r from :	Yes/No (Enclose d arranged training)	etails in Annexure 2)	(In case of self-
8.	Accompanying Faculty	Details :	Yes/No (Enclose d	etails in Annexure 3)	
9.	List of Accompanying S	tudents :	Yes/No (Enclose d	etails in Annexure 4)	
10.	Accommodation Detail Confirmation letter	s with :	Yes/No (Enclose d	etails in Annexure 5)	
11.	Approval from HOD	:			
12.	Approval from Dean of	School :	(Sign with Seal)		
			(Sign with Seal)		

**Note:** The Form should be submitted **two weeks** prior to the departure

**Note:** After completion of VET/Industrial training, the students should submit **TWO Xerox copies** of the **training certificate** received from the industry; ONE to the HOD and OTHER to the Academic Section.



#### **Annexure 1**

## Mode of Travel (For Field trip/Study tours)

SI.No	Journey Details	Mode of Travel	Travel Details * with Phone number of Agent and Driver Phone Number	Person Responsible
1.		Bus/Other Mode Specify		
2.		Train (Attach copy of Train Ticket etc)		
3.				
4.				

## **Annexure 2**

## **Copy of the Approval Letter from Industry**

- Should contain 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 3

## **Accompanying Faculty**

SI.No	Name of the Faculty Designation/Department	Male/Female	Contact Mobile Number and Email	Alternate Contact In case of Emergency
1.				
2.				
3.				
4.				
5.				
6.				
7.				



## **Annexure 4**

#### **List of Students Details**

Sl.No	Student Code	Name	Mobile Number	Male/Female	Blood Group	Special Problem if any
1.						
2.						
3.						
4.						
5.						
6.						

## Annexure 5

#### Accommodation

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

<sup>\*</sup> Attach the accommodation booking copy