

**Dr. MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY  
POLLACHI-642003**

**INDUSTRIAL VISIT / TOUR APPLICATION FORM**

**Date of Visit/Tour:.....**

**Class Details:**

Department.	Year/Semester	Total strength of the class	No. of Students visiting
Reason for students who are not visiting :			

**Industry Details:**

Name of the Industry	Contact person @Industry	Contact number @Industry
Industry address for communication:		

**Accompanying Faculty Details & Undertaking:**

- i. I will take care of the students
- ii. I ensure that the students would abide the rules & Regulations of the institution/Industry/Local Authority
- iii. I am aware of the health condition of each student, and if need arises, I will arrange medical assistance for sick student. A first aid box is arranged.
- iv. I would be liable for disciplinary action if it is found that the safety of the students is compromised in any manner during the IV/Tour.

Name of Accompanying Faculty	Designation	Contact number

**Transport Details:**

Mode of Transport	Name of the Travel Agent and Address
By Bus / Train	

Check List:

S.No.	Documents(to be enclosed along with this Form)	IIPC Faculty In-charge Verification	Signature of IIPC Faculty In-charge
1.	Industry Permission Letter		
2.	Name List signed by students		
3.	Class Cancellation Circular		
4.	Schedule of visit Signed by Accompanying Staff, PC/FA,HOD		
5.	Hostel Permission -Approval Form		
6.	Bus Permit copy or Railway Reservation Details		
	Boarding & Lodging arrangement details		
7.	Parent's permission-Declaration form		
8.	Students Medical fitness certificate		
9.	Whether Previous Industrial Visit Report submitted	YES/No	
10.	All the norms as per the AICTE Guide Line is fulfilled	YES/No	

Class Representatives:

Sl.No.	Name	Signature

Industrial Visit/Tour Coordinators Authorisation - Certified that the IV/Tour undertaken is required for the students or related to the curriculum

Sl.No.	Name	Signature

		Approved / Not Approved
IIPC Faculty In- charge (Dept. Level)	HOD	PRINCIPAL

**Dr. MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY  
POLLACHI-642003**

**CLASS CANCELLATION CIRULAR**

**Course & Department:** \_\_\_\_\_

**Date of class cancellation:** \_\_\_\_\_

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

<b>Sl.No</b>	<b>Period</b>	<b>Subject</b>	<b>Name of the Staff &amp; Designation</b>	<b>Signature</b>

**Accomp. Staff**

**PC**

**IIPC Faculty In-charge(Dept.Level)**

**HOD**

## SCHEDULE OF VISIT

Starting Place: \_\_\_\_\_ Reaching Place: \_\_\_\_\_

Approximate Traveling Distance (in KM): \_\_\_\_\_

Departure time	
Reaching time at company	
Lunch time	
Departure time from company	
Arrival time at college	
Amount collected from individual student (including Conveyance/ Boarding)	
Total amount collected from the students	

**Accomp. Staff**

**PC**

**IIPC Faculty In-charge(Dept.Level)**

**HOD**

**Dr. MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY**  
**POLLACHI-642003**

**HOSTEL PERMISSION FORM**

Date: \_\_\_\_\_

**Course & Department:** \_\_\_\_\_

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

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

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

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

**Hostel:** Boys / Girls

Sl.No	Roll No.	Name	Signature

Permitted / Not permitted

**PC / FA**

**HOD**

**HOSTEL WARDEN**

**Dr. MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY**  
**POLLACHI-642003**  
**BOARDING & LODGING ARRANGEMENT DETAILS**

**Course & Department:** \_\_\_\_\_

**Purpose :** Industrial Visit/ Tour

**1. Visiting Place:**

<b>Sl.No</b>	<b>Name of the Travels, Address &amp; Contact person</b>	<b>Name of the Hotel, Address &amp; Contact person</b>	<b>No. of days for staying</b>

Amount collected from individual student for the particular place (including Boarding/ Lodging/ Conveyance):	
Total amount collected from the students	

**IIPC Faculty In-charge(Dept.Level)**

**PC**

**HOD**

**Dr.MAHALINGAM COLLEGE OF ENGINEERING AND TECHNOLOGY  
POLLACHI – 642 003**

**INDUSTRY INSTITUTE PARTNERSHIP CELL**

**Declaration by Parents & Students for Industrial Visit / Tour/Training**

Mr/Mrs .....F/o,M/o,G/o.  
Selvan/Selvi..... studying in ..... Semester.....course in  
Dr.Mahalingam College of Engineering and Technology, hereby permit my  
Son/Daughter/ward to undertake the Industrial Visit/Tour/Training. I understand that the travel  
by rail/road and the stay outside the limits of the campus may involve risk of physical harm,  
under unexpected circumstances. I assure that my Son/Daughter/ward is responsible for his/her  
behaviour during the Industrial Visit/Tour/Training and I will neither blame the Institution nor  
demand compensation from the same of the results of any untoward incidents.

Signature of the Parent/Guardian:

Name and Address of the Parent:

I ..... assure that I will abide the rules and regulations laid by  
the College and Organization that I visit during the Industrial Visit/Tour/Training. I am  
also aware of the content and meaning of the above declaration by my Parent/Guardian and I  
assure that I stand by it.

Signature of the Student:

Name of the Student :  
Class/Semester :  
Branch :  
Roll no :

Date :  
Place :

**HOD**

**STUDENTS MEDICAL FITNESS CERTIFICATE  
FOR INDUSTRIAL VISIT/TOUR**

Certified that Selvan/Selvi..... (Roll No.....)  
S/o or D/o.....Studying in Dr.Mahalingam College of  
Engineering and Technology, Pollachi, examined on .....and found  
him/her medically fit for Industrial visit/Tour.

Signature of Doctor with seal

Place:

Date: