

Educational Tours, Field Visits, Industrial Visits, Study Tours, Cultural Visits, NSS Campaign, Club Activities or Sports Activities outside the campus, any Outbound Programs, etc.

APPROVAL FORM

Kindly read the AICTE Guidelines for Educational Tours, Industrial visits, Cultural Visits etc before filling the Approval form (AICTE / Acad. / student Safety / 2015 / 31 July 2015)

1	(a) Type of Visit/Tour	:		(b) Relevant Subjects: (1) (2)
2	Date(s)/ Days of Visit/ Tour	:		
3	Date & Time of Departure (Departure after 4.30 AM Only)	:		
4	Date & Time of Arrival (Arrival before 11.00 PM)	:		
5	Address & Phone Nos. of Company to be visited (for contact)	:		
6	Mode of Travel	:	Train/Bus/Car/Van/Other Mode -Specify (Enclosed in Annexure 1)	
7	Copy of Approval letter from Industry/ Authority concerned	:	Yes/No	(Enclosed in Annexure 2)
8	Accompanying Faculty Details and Undertaking Letter (Male/Female)	:	Yes/No	(Enclosed in Annexure 3)
9	List of Students Male/ Female	:	Yes/No	(Enclosed in Annexure 4)
10	Accommodation Details with Confirmation letter	:	Yes/No	(Enclosed in Annexure 5)
11	Faculty/Students Trained in First Aid (Acknowledgement from the Doctor)	:	Yes/No	(Enclosed in Annexure 6)
12	Undertaking Letter From Students (I/We have verified the above documents and are submitted)	:	Yes/No	(Enclosed in Annexure 7)
13	Approval from HOD	:	(Signature with Seal)	
14	Senior Dy Warden, Boys Hostel (If hostel students are participating)	:	(Signature)	
15	Senior Dy Warden, Girls Hostel (If hostel students are participating)	:	(Signature)	
16	Manager Facilities	:	(Signature)	
17	Stores Officer	:	(Signature)	
18	Administrative Officer	:	(Signature)	
19	Approval from Principal (Approved / Not Approved)	:	(Sign with Seal)	

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

Mode of Travel (for local travel, provide the details separately if engaged.)

Sl.No	Details	Mode of Travel BIT Bus/Other Mode Specify	Travel Details with Phone number of the Travels and Driver	Approval of BIT Transport In charge
1.	From BIT to Place of visit			
2.	Return Journey Details			

Copy of the Approval Letter from Industry/ Authority concerned

- 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/ Authority concerned with seal.

UNDERTAKING LETTER BY ACCOMPANYING FACULTY

1. I/ we will take care of the students participating in the tour.
2. I/ we will ensure that the students will abide by the rules and regulations of BIT and also the Institution / organization / company / Industry or the local authority of the place to which such tours is being undertaken.
3. I/ We hereby state that all the parents/ guardians of the students concerned are informed of their official trip well in advance and obtained their consent.
4. I/ we will be liable for disciplinary action if it is found that the safety of the students is compromised in any manner during the tour.
5. Students will not be taken or allowed to **mountain areas, rivers, canals, beaches, water parks, reservoirs, forest areas**, etc and I/We are personally liable and answerable for any such untoward incident taking place during the tour. I / We shall ensure that if any activities are necessary in and around water bodies such as boating, swimming, rowing, and sailing must be carried out under the supervision of a trainer / life guard only.

SI No	Name of the Faculty/ ID No Designation	Male/ Female	Mobile No	Alternate Contact No	Signature
1.					
2.					
3.					
4.					

Signature of HoD:

List of Students Details

SI No	Roll No	Name	Male/Female	Mobile Number	Blood Group	Health Problem if any
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name of the Faculty

- 1.
- 2.
- 3.
- 4.

Signature with Date

- 1.
- 2.
- 3.
- 4.

Accommodation

SI No	Name of Hotel/ Guest House*	Period of Stay	Address and Phone Numbers	Responsible Person Handling	Types of Room Single / Shared / Dormitory
1.					
2.					
3.					

* Attach the accommodation booking copy

Faculty Signature with Date

(Signature of HoD)

Faculty/ Students Trained in First Aid

SI No	Emp ID/ Roll No	Name	Mobile Number	Faculty/ Student	Doctor's Sign
1.					
2.					
3.					

UNDERTAKING LETTER BY STUDENTS

We, the students of -----
 Programme at BIT Sathyamangalam-638401, do here-by undertake that we are going on Industrial Visit/Cultural Visit/
 Field Trip/Study Tour/Outbound Training/----- to -----
 organized on date ----- departure date ----- time -----
 from BIT and arrival date ----- time -----at BIT will abide by the rules and
 guidelines of our Institution and also the rules and regulations of the Institution / organisation / company / Industry or
 the local authority of the place to which such tours is being undertaken. If any violation of the rules and regulations are
 noticed in any manner during the tour, we will be liable for disciplinary action, decided by the Institution.

SI No	Roll No	Name	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Signature of the Faculty

Signature of the Head of the Department

* The Undertaking should repeat in all pages

**BANNARI AMMAN INSTITUTE OF TECHNOLOGY
SATHYAMANGALAM - 638 401**

Undertaking by the Parent

To

The Principal,
Bannari Amman Institute of Technology,
Sathyamangalam - 638401.

I F/o or M/o
(Roll No.) of BE/BTech
hereby permit my Son/Daughter to undertake the Educational Tours / Field
Visits / Industrial Visits / Study Tours / Cultural Visits / NSS Campaign / Club
Activities / Sports Activities outside the campus / any Outbound Programmes. 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 is responsible for his/her behavior during the
Industrial visit and I will neither blame the Institution nor demand compensation
from the same of the results of any untoward incidents.

Signature of the Parent with Date:

Name and Address of the Parent
With contact Number: