

ANNA UNIVERSITY CHENNAI
UNIVERSITY COLLEGE OF ENGINEERING, TINDIVANAM
INDUSTRIAL VISIT DECLARATION

Semester of Students	IV / V / VI / VII	:
Department of the Students		:
Duration of the Visit		: FROM TO
Submission of Reports for Earlier Industrial Visits		Submitted / Not Submitted
Completion of First Assessment Examination for Present Academic Year		Completed / Not Completed
Parents Declaration forms and Medical Fitness Forms		Received / Not Received
Random Verification of Parent Declaration form and their Consent		Verified / Not Verified
Industry Permission from Authorized personnel /Official Email		Verified / Not Verified
Ascertain the existence of the Industry and No Payment is paid Towards the Visit of the Company		Verified / Not Verified
Max.Working days is Limited to 3 Days with 2 Industries (Mandatory) and for every two days one Industrial Visit is Planned		Verified / Not Verified
Details of Alternate Arrangement of Classes for the Planned Dates		Submitted / Not Submitted
Willingness /Non Willingness Letter from the Students		Received / Not Received
Insurance (Accident & Life Cover) for Students and Faculty		Verified / Not Verified
List of Students with Undertaking Countersigned by Faculty		Received / Not Received
Briefing Session about SAFETY Guidelines, Team spirit discipline, Geographical Knowledge and Basic Life Support		Planned / Not Planned
Awareness of the Health Condition of the Students and preparedness with Medical Assistance, Emergency Phone Numbers, Torch contact details of Local Hospitals		Prepared / Not Prepared
Activity in and Around Water Bodies		Planned / Not Planned
Engagement of Local Tour Operator not less than 4 star rating		Engaged / Not Engaged
Requisition with Supporting Documents is submitted at least 15 days prior to Commencement of Industrial Visit		Yes /No

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the University Norms.

Place :

Date :

Class Advisor

Head of the Department

For Office Use Only

Geo Tagged Photographs along with Industrial Visit report
Submitted within one week after the Visit

: Submitted / Not Submitted

Staff Incharge

DEAN

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ANNEXURE I

DETAILED ITERNARY OF THE PLANNED INDUSTRIAL VISIT

DEPARTMENT : _____

YEAR: _____

NO OF STUDENTS : _____

DAY	DATE	ACTIVITIES
DAY 0		
DAY 1		
DAY 2		
DAY 3		

1. DETAILS OF ESCORTS TO ACCOMPANY

2. PLACE OF ACCOMODATION

DAY	DATE	ADDRESS AND CONTACT NUMBER
DAY 1		
DAY 2		

3. MODE OF TRANSPORT- DETAILS

CLASS ADVISOR

HEAD OF THE DEPARTMENT

DEAN

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ANNEXURE II

LIST OF PARTICIPATING STUDENTS

S.No	Register No	Name of the Student	Signature of the Student

Undertaking of the accompanying Faculty / Staff Members

- a. we will take care of the students participating in the Tour/Industrial Visit
- b. we will ensure that the students would abide by the rules and Regulations of the Institution / Organization / Company / Industry or Local Authority of the Place to which such Tours is being undertaken and
- c. we are liable for Disciplinary action if it is found that the safety of the Students are compromised in any manner during the Tour

Name, Designation & Signature
of the Accompanying person 1

Name, Designation & Signature
of the Accompanying person 2

Name, Designation & Signature
of the Accompanying person 3

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ANNEXURE III

ACCEPTANCE FROM ACCOMPANYING FACULTY

(One of them should be a lady faculty, if women Students go on tour, any one of them should be a Regular Faculty)

We (1) , (2) and
..... (3)

- a. We will take care of the students participating in the Tour/Industrial Visit from..... to
..... place(s)
- b. we will ensure that the students would abide by the rules and Regulations of the Institution /
Organization / Company / Industry or Local Authority of the Place to which such Tours is being
undertaken and
- c. we are liable for Disciplinary action if it is found that the safety of the Students are compromised
in any manner during the Tour
- d. Assure that we have taken notes on the weather forecast and News Broadcast Of the place we
have planned for the Industrial visit and we are Aware of the Health Condition of the Students
and are prepared with First Aid Box, Medical Assistance, Emergency Phone Numbers, Torches
contact details of Local Hospitals
- e. Assure that any activities in and around water bodies such as boating, swimming, rowing and
sailing should not be carried out during the Industrial visit.

Place:

Date:

Name, Designation and Signature of the Faculty

- 1.
- 2.
- 3.

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ANNEXURE IV

CONTACT NUMBERS

S.No	Details of	Name	Contact Number
1	Student Representative		
2	Accompanying Staff		
3	Officer Incharge (Factory to be visited)		
4	Local Tour Operator (Not less than 4 star Rating)		

Head of the Department

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ANNEXURE V

CERTIFICATION OF THE HEAD OF THE DEPARTMENT

I hereby, ensure and certify that the tour/Industrial Visit undertaken by the
..... Year students of Department
during and to the Industries
..... is required for the benefit of the students or
it is related to curriculum of the course in which such Students are enrolled.

Head of the Department

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ANNEXURE VI

STUDENT DECLARATION FORM

I,....., the student of
..... Department (Register no.....) hereby declare that I am going
to during to and
I am medically fit based on the basis of certificate obtained from the recognized medical
practitioner. I will cooperate with all my classmates and will follow all the instructions given by
accompanying faculty member(s). 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 University. I will follow
all the moral duties during the industrial visit.

Date.....

Signature of the student

PARENT UNDERTAKING / DECLARATION FORM

I, Mr/Mrs father/mother
of I am aware that, my son/ daughter is
participating in the industrial visit organized by the university scheduled from to
..... with our full acceptance. I shall ensure that my son/daughter shall abide by the
university terms & conditions for industrial visit. I hereby declare & confirm that the university
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 of all the
consequence 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 negligent act during the period of
industrial visit. I confirm that my ward is covered with an accident and life insurance. Further,
the university shall not be responsible for my son/daughter misconduct or wrongdoing at all
times during the period of industrial visit & shall obey the instructions of the faculty members
who are accompanying during the industrial visit.

Date.....

Signature of Parent/Guardian

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ANNEXURE VII

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. Register
Number Son / Daughter of Shri aged
..... Years, of the Department of, University
College of Engineering, Tindivanam- 604 307 and certify that, he / she is free from deafness,
defective vision (including colour vision) or any other infirmity, mental or physical, likely to
interfere with the efficiency of his / her work and found him / her possessing good health. This
certificate is being given to him /her for the purpose of Industrial Visit to
During the Period

Signature of Candidate (To be signed in presence of the Medical Officer)

Signature of Medical Officer:

Name of Medical Officer: Dr.

Registration No.

Dated:

Seal