# THEJUS ENGINEERING COLLEGE, VELLARAKKAD

**IV-06**

 (For Site or Industrial Visit, Educational Tour, etc. by Students)

**WRITTEN UNDERTAKING FROM STUDENTS/PARENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of Student | : |  |
| 2. | Semester, Branch, Batch, Roll No. and Admission No. | : |  |
| 3. | Residential Address with Student’s Phone No. | : |  |
| 4. | Name of Parent & Local Guardian with Phone No. | : |  |
|  | Parent’s Ph: |  |  |  |  |  |  |  |  |  |  |  | Local Guardian’s Ph:  |  |  |  |  |  |  |  |  |  |  |
| 5. | Purpose of & Reasons for Tour/Visit | : | *Educational/Industrial & Curriculum Requirement/Others* |
| 6. | Places to be Visited | : |  |
| 7. | Period of Visit/Tour (date & time) | : |  |
| 8. | Names of Accompanying Faculty Members | : |  |
| 9. | Undertaking by Student & Parent  | : |  |
| *(a)* | All information given above are true to the best of my knowledge and belief. I have read and understood the existing/latest guidelines from DTE/College Council for organizing/conducting educational (industrial) visit (tour), and am responsible for my own conduct/safety/security during the tour. I will not hold the the College Authorities responsible for any eventuality arising from violation, from my side, of the tour guidelines. |
| *(b)* | *I am performing this tour/visit in my interest based on the course requirement or otherwise, am aware of the involved risks, have convinced my parent (whose signature is given below) of the same, and have shown the tour itinerary to them* |
| *(c)* | *During the tour, I will abide by the rules and regulations of the college, and will ensure that my conduct/actions will not be detrimental to the dignity of the College/Department/Tour Group.* |
| *(d)* | *I will submit a Tour Report within one month after returning from the tour.* |
|  | **Signature of the Student with date:**

|  |  |  |
| --- | --- | --- |
| DD | MM | YYYY |

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| *(e)* | *I have been duly informed of the above tour/visit and its itinerary by my ward, whose signature is given above. I am aware of the risks involved in the tour, and am willing to permit my ward to proceed on the tour/visit.* |
|  | **Signature of the Parent with date:**

|  |  |  |
| --- | --- | --- |
| DD | MM | YYYY |

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|  | COUNTERSIGNED BY |
|  | Student Convener(s) | Faculty Convener | HOD |