MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) WALK AND TALK

Application Form

| 1 | Name of the class | | Number of students | |
|---|---------------------|--------------------|--------------------|---------|
| 2 | Date | Day | Departure | Arrival |
| 3 | Names of the teach | ners accompanying | | |
| 4 | Outcomes expected | d | | |
| | | | | |
| | | | | |
| 5 | You would like to | go out to | | |
| | | | | |
| 6 | Activities planned | | | |
| | | | | |
| 7 | Purpose of visiting | the place | | |
| | | | | |
| 8 | Budget (attach the | e file if needed) | | |
| 9 | Arrangements mad | le | | |

| Request by | |
|---------------------------|----------------|
| Student Leader | contact number |
| | |
| Forwarded | |
| Faculty Advisor | |
| | |
| Recommended | |
| HoD | |
| | |
| Approved/ Rejected | |
| | |
| Vice Principal/ Principal | |

MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) INDUSTRY VISIT

Application Form

| 1 | Name of the class | | Number of students |
|---|---|-----------------|------------------------------|
| 2 | Date | Day | Time from 5 am to 10 pm only |
| 3 | Names of the teachers | accompanying | |
| 1 | Outcomes expected | | |
| 5 | Company(ies) you plar full address | n to visit with | |
| 5 | Activities planned | | |
| 7 | Contact person in the comphone number with e-re | | |
| 3 | Schedule of the visit (a needed) | ttach file if | |
|) | Possibilities of linkage internships/ CSR fundi organization (attach file | ng with the | |

| 10 | How the company is connected with the academics of the program |
|---------|--|
| 11 | Budget of the program (attach file if needed) |
| | |
| Reques | t by |
| Student | t Leader |
| Forwar | ded |
| | Advisor |
| | mended |
| HoD | |
| Approv | ved/Rejected |
| | |

Vice Principal/ Principal

MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) ONE DAY TOUR (II UG)

Application Form

| 1 | Name of the class | Number of students |
|----|--|---------------------------------|
| 2 | Date | (only Saturday/Public holidays) |
| 3 | Departure Time | Arrival Time |
| 4 | Names of the teachers accompanying | ng |
| 5 | Outcomes expected | |
| 6 | Places of your visit | |
| 7 | Details of your travel/ itinerary | |
| 8 | Concessions for students (number amount) | & |
| 9 | Expense per head & Total expense | |
| 10 | Budget of the travel | |

| Forwarded |
|---------------------------|
| Faculty Advisor |
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| |
| Recommended |
| HoD |
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| Approved/ Rejected |
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| |
| Vice Principal/ Principal |
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Student Leader

MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) STUDENTS' TOUR (UG/PG)

Application Form

| 1 | Name of the class | Number of students |
|----|---|--|
| 2 | Departure Day &Date | Arrival Day |
| 3 | Departure Time | Arrival Time |
| 4 | Names of the teachers accompan | nying |
| 5 | Outcomes expected | |
| 6 | Places of your visit & Means of (Attach detailed itinerary) | transportation |
| 7 | Expense per head &Total expen | se |
| 8 | Scholarships/ concession for stuamount) | dents if any (number of students & |
| 9 | Number of drivers/ assistants in | the bus (if the tour is more than one day by bus) |
| 10 | Budget of the tour (attach file) | |

| Student Leader | |
|---------------------------|--|
| | |
| | |
| Forwarded | |
| Faculty Advisor | |
| | |
| Recommended | |
| HoD | |
| | |
| Approved/ Rejected | |
| Approved Rejected | |
| | |
| Vice Principal/ Principal | |
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| | |

MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) OUT REACH (UG/PG)

Application Form

| 1 | Name of the class | | Number of students |
|----|--|------------------|------------------------------|
| 2 | Date | Day | Time from 5 am to 10 pm only |
| 3 | Names of the teachers | accompanying | |
| 4 | Outcomes expected | | |
| 5 | Organization/NGOs you with full address | ou plan to visit | |
| 6 | Activities planned | | |
| 7 | Contact person organize the with phone number | | |
| 8 | Schedule of the visit (a | ttach file) | |
| 9 | Possibilities of linkage internships/ (attach file | | |
| 11 | Budget of the program | (attach file) | |

| Forwarded |
|---------------------------|
| Faculty Advisor |
| |
| |
| Recommended |
| HoD |
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| Approved/ Rejected |
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| Vice Principal/ Principal |
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Student Leader

MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) ACTIVITIES INSIDE THE CAMPUS

Application Form

| 1 | Name of the class/clu | bs/ associations | Number of students |
|---|--|--------------------|--------------------|
| 2 | Date | Day | Time |
| | Expected duration | | Venue |
| 3 | Teacher(s) in-charge | | |
| 4 | Description of the proprogram sheet) | ogram (attach the | |
| 5 | Outcomes expected | | |
| 6 | Target group (interna | l/ external) | |
| | | | |
| | | | |
| 7 | Rules and regulations including details of the | | |
| 8 | Expected expenses | | |
| O | Expected expenses | | |
| | | | |
| 9 | Support needed from | the office if any | |

| Student Leader |
|---------------------------|
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| |
| Forwarded |
| Faculty Advisor |
| |
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| Recommended |
| HoD |
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| Approved/ Rejected |
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| |
| Vice Principal/ Principal |
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MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS)

Students' activity leave form

| From: Name |
|--|
| To: The faculty advisor |
| Sir, |
| As I/ we, |
| |
| |
| |
| |
| have to |
| |
| I /we request you to kindly grant me/ us leave of absence fordate/ dates |
| hour(s). |
| Obediently yours, |
| Signature: |
| Date: |
| Recommended by: |
| Signature: |
| Name: |
| Date: |



of the departments.

Approval form for providing snacks and lunch for PTA Meeting

| Department: | |
|---|----------------------------------|
| Batch: | Date of the meeting: |
| Venue: | |
| Purpose of the meeting: | |
| Total number of coffee and snacks required: | |
| Total number of lunches required: | |
| Signature, Faculty Advisor: | |
| Signature, HOD: Date: | |
| Signature, PTA Secretary: | |
| N.B. Duly filled form is to be submitted to the | he hostel office (Maryknoll) for |

availing the coffee and lunch. The menu is fixed for all PTA meetings in spite