## MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) WALK AND TALK

### **Application Form**

1	Name of the class		Number of students	
2	Date on which the walk and talk is p	lanned		Day
	Departure time Arriva	ıl time	<b>;</b>	
3	Names of the teachers accompanying	g		
4	Outcomes expected			
5	Destination			
6	Activities planned			
7	Purpose of visiting the place			
8	Budget (attach the file if needed)			
9	Arrangements made			

PTO

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Request by	
Class leader	Signature
Date:	
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 of the I.V.	Day (Time from 5 am to 10 pm only)
3	Names of the teachers accompanying	g
4	Outcomes expected	
5	Company(ies) you plan to visit with full address	
6	Activities planned	
7	Contact person in the company with phone number with e-mail id	
8	Schedule of the visit (attach file if needed)	
9	Possibilities of linkages / MOU/ internships/ CSR funding with the organization (attach file if needed)	

10	How the company is connected with the academics of the program	
11	Budget of the program (attach file if needed )	
Reques	at by	
Class l	eader	Signature
Date:		
Contac	t number	
Forwar	rded	
Faculty Advisor		
Recom	mended	
HoD		
Approv	ved/ Rejected	
Vice P	rincipal/ Principal	

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

#### **Application Form**

1	Name of the class	Number of students
2	Date of the tour	(only Saturday/Public holidays)
3	Departure Time	Arrival Time
4	Names of the teachers accompanying	
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	

Request by	
Class leader	Signature
Date:	
Contact number	
Forwarded	
Faculty Advisor	
Recommended	
НоД	
Approved/ Rejected	
Vice Principal/ Principal	

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

#### **Application Form**

Name of the class	Number of students
Departure Day &Date	Arrival Day
Departure Time	Arrival Time
Names of the teachers accompanying	
Outcomes expected	
Places of your visit & Means of transport (Attach detailed itinerary)	rtation
Expense per head &Total expense	
Scholarships/ concession for students if amount)	any ( number of students &
Number of drivers/ assistants in the bus	( if the tour is more than one day by bus)
Budget of the tour (attach file)	
	Departure Day &Date  Departure Time  Names of the teachers accompanying  Outcomes expected  Places of your visit & Means of transport (Attach detailed itinerary)  Expense per head &Total expense  Scholarships/ concession for students if amount)  Number of drivers/ assistants in the bus

Request by	
Class leader	Signature
Date:	
Contact number	
Forwarded	
Faculty Advisor	
Recommended	
HoD	
Approved/ Rejected	
Vice Principal/ Principal	

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

### **Application Form**

1	Name of the class	Number of students
2	Date of the Outreach program	Day (Time from 5 am to 10 pm only)
3	Names of the teachers accompanying	
4	Outcomes expected	
5	Organization/NGOs you plan to visit with full address	
6	Activities planned	
7	Contact person organization/NGOs in the with phone number with e-mail id	
8	Schedule of the visit (attach file)	
9	Possibilities of linkages / MOU/ internships/ (attach file)	
11	Budget of the program (attach file)	

Request by	
Class leader	Signature
Date:	
Contact number	
Forwarded	
Faculty Advisor	
Recommended	
HoD	
Approved/ Rejected	
Vice Principal/ Principal	

# MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) ACTIVITIES INSIDE THE CAMPUS

#### **Application Form**

1	Name of the class/clubs/ associations		Number of students
2	Date of the program	Day	Time
	Expected duration	Venue	
3	Teacher(s) in-charge		
4	Description of the program ( attach the program sheet)		
5	Outcomes expected		
6	Target group (internal/ external)		
7	Rules and regulations of the programme including details of the prizes if any		
8	Expected expenses		
9	Support needed from the office if any		

Request by	
Class leader/ Student Coordinator	Signature
Date:	
Contact number	
Forwarded	
Faculty Advisor	
Recommended	
HoD	
Approved/ Rejected	
Vice Principal/ Principal	

# MARIAN COLLEGE KUTTIKKANAM (AUTONOMOUS) ACTIVITIES OUTSIDE THE CAMPUS

#### **Application Form**

1	Name of the class/clubs/ associations		Number of students	
2	Date	Day	Time	
	Expected duration		Venue	
3	Teacher(s) in-charge			
4	Description of the program (attach the program sheet)			
5	Outcomes expected			
6	Target group (internal/ external)			
7	Rules and regulations of the programme including details of the prizes if any			
0				
8	Expected expenses			
9	Support needed from	the office if any		

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Request by	
Student Leader/ Student coordinator	Signature
Date:	
Contact number	
Forwarded	
Faculty Advisor	
Recommended	
HoD	
Hob	
Approved/ Rejected	
Vice Principal/ Principal	

### 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:



#### 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 red	quired:
Total number of lunches required:	
Signature, Faculty Advisor:	
Signature, HOD:	
Date:	
Signature, PTA Secretary:	
•	ted to the hostel office (Maryknoll) for me menu is fixed for all PTA meetings

irrespective of the departments.