
 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <hr/> <p align="center">Industry Consultancy/Testing Identification Report</p>	
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Department of

Academic Year:

Semester: Odd/ Even

1. Date :
2. Industry (Address / email / Ph. No. / Fax No.)
3. Person Contacted :
4. Visited By:
6. Areas Identified
7. Specific Job / problem



S. No.	Follow up actions	Responsibility	Target Date

Coordinator

HOD

Copy to

Chief Coordinator IIP Cell

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>MoU List and Activity Record</p>	

Department of _____

Academic Year:



Semester: Odd/ Even

S. No.	Name of the Institute/Organization/Industry	Date of MoU	Duration		No. of Years	Activities	Number of student/faculty participated
			From	To			
1.							

Note: Participant list, Report and Geo tagged photo to be attached for each activity.

Dept IIPC Coordinator

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>Consultancy/Test Report</p>	
	<p>Department of _____</p>	

Academic Year:



Semester: Odd/ Even

S.No	Name(s) of the Faculty, Designation,	Nature of the consultancy / Testing work	Name of the Company with address and contact details	Month, Year, & Duration of the consultancy	Revenue Generated in Rs.	GST in Rs.	Total Amount in Rs.	Bill No. & Date
1.								

- Note: Beneficiary letter

Dept IIPC Coordinator

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Industry Training / Self-Supporting Programmes Organized</p>	

Department of _____

Academic Year:

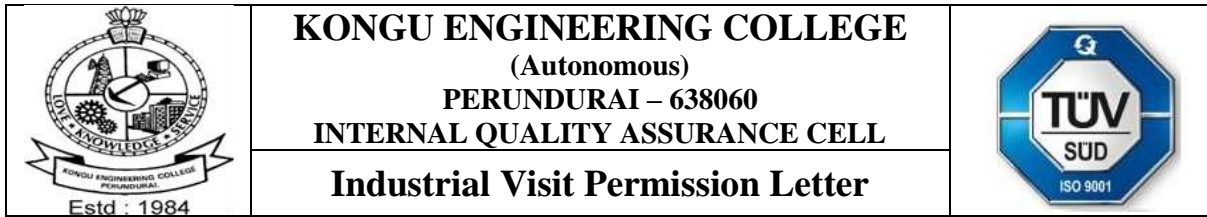
Semester: Odd/ Even

S.No.	Name of the Faculty Coordinator(s) with designation & dept	Title of the Training Programme	Date(s)	Name of the Company with address and contact details	No. of. Participants	Revenue Generated in Rs.	GS T in Rs.	Total Amount in Rs.	Bill No. & Date	Availability of the Report with Geo tagged Photos & beneficiary letter (Y/N)
1.										

Separate participants List to be maintained

Dept IIPC Coordinator

HOD



Department of ____

Ref : KEC / PAT / PIVJ /

Date:

To

Dear Sir .

Sub : Permission for Industrial Visit - reg.

As you may be aware, Kongu Engineering College is one of the most reputed Engineering Institutions in TamilNadu and known for its excellent record in academics and co-curricular activities. The college offers Bachelor degree courses inbranches of Engineering andCourses in Master Degree. The state-of-the-art facilities and competent faculty provide an excellent climate for the all round development of the students.

As a part of the curriculum, the students are required to undertake Industrial Visits to a few industries of repute. We feel it will be fruitful that the students with academic background have a glimpse of the industry in order to have a better appreciation of practical applications of theory.

In the above background, we would like to send a batch ofstudents ofbranchyear accompanied by two staff members to visit your esteemed industry on.....

I request you, to kindly accord the necessary permission for the above visit and arrange for guiding the students.

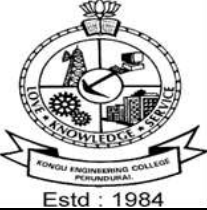

We assure you that our students will observe the **rules and regulations** that are prescribed by your company for the visitors and will in no way disturb the functioning of the company during their visit.

We shall be grateful for a favourable response.

Thanking You ,

Yours faithfully,

CCO-IIPC

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>Industrial Visit Approval Form</p>	
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Department of ____

DATE:

FROM

TO

The Class Representatives,
Sem.....Branch.....
Kongu Engineering College,
Perundurai , Erode.

The Principal
Kongu Engineering College
Perundurai , Erode.

Respected Sir ,

Sub : Request for Industrial Visit - Reg.

We propose to have our I.V. programme on(date(s)). We have since got permission from the different companies for the Visits as per the following schedule:

SL.No. of Visit	Company's Name	Place	Date & Time
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We, on behalf of our class, request you to kindly grant permission for the I.V. as per the above schedule. We assure you that we will adhere to the rules and regulations of both, our College and the Company(s).

Thanking you sir,

Yours obediently,
Class Representatives of
.....

Enclosures:

- 1) Copy of Company's Permission Letter(s)
- 2) List of Students with signatures
- 3) Schedule of visit with signature of accompanying staff member(s)

Class Advisor

IV/IPT Coordinator



HOD

CCO-IIPC

Principal

Note:

- 1) Class Representatives should inform about the Industrial Visit to all the Staff members who are having classes on the days of I.V.
- 2) Class Representatives should submit report about their Visit to the department through Placement Cell. The report should contain information regarding persons contacted, observations during the Visit, usefulness and relevance of the Visit etc.
- 3) Students, who are not going to the Visit, should give their attendance to the Department.

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Industrial Visit Declaration By Students And Parents</p>	
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Department of ____

DATE :

INDUSTRIAL VISIT DECLARATION BY STUDENTS AND PARENTS

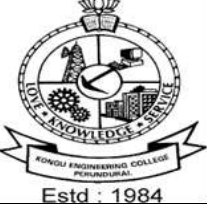

I.....Roll.No.....

Class..... Dept.....wish to state that I am participating in the Industrial Visit (I.V.) toarranged by the college on (date(s)) on my own interest. I will abide by the rules and regulations stipulated by the college and I will obey the instructions of the accompanying staff member.

I am conscious that I am solely responsible for my safety and security during the Visit and I undertake to conduct myself accordingly to ensure the same. I further confirm that I am participating in the I.V. with the knowledge and concurrence of my parents.

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>Industrial Visit Report</p>	

Department of _____

Programme:

Branch:

Academic Year:



S.No	Class and Section:	Name and Address of the Industry	Date of the Visit	Type of the Industry	Reports submitted (YES/NO)

Coordinator

HOD

CCO-IIPC

*Report to be submitted for each IV

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	In Plant Training Report	

Department of

Programme:

Branch:

Academic Year:

Class and Section:

S.No	Roll No	Name	Name and Address of the Industry	Dates and No of Days of the Visit	Type of the Industry	Technical presentation (YES/NO)	Skills Acquired

Coordinator

HOD

CCO-IIPC

*Report to be submitted for each Student