MANDSAUR UNIVERSITY

DREAM. LEARN. LEAD.

SOP for Educational & Industrial Visit 2026

7th March 2026

SOP for Educational & Industrial Visit 2026

Date: [Insert Date]

To

The Manager / HR Department

[Company / Industry Name]

Subject: Request for Permission to Conduct an Educational / Industrial Tour

Dear Sir/Madam,

I hope this letter finds you well. I am writing on behalf of **[Department / Program Name, e.g., Department of Mechanical Engineering, Mandsaur University]** to request your kind permission to arrange an educational/industrial tour for our students at **[Company/Industry Name]**.

As part of our curriculum, students are required to gain practical exposure to complement the theoretical knowledge they acquire in classrooms. In particular, this visit is aligned with the contents of courses/subjects **[mention specific courses/subjects, e.g., Manufacturing Processes, Industrial Management, Production Technology, Software Engineering, etc.].** An industrial tour to your esteemed organization would allow our students to observe real-time applications of concepts such as **[list concepts: workflow systems, production lines, automation, quality control, safety practices, software development cycle, etc.].**

Your organization is well-known for its excellence in **[industry field]**, and visiting your place/facility will greatly enhance our students' understanding by:

Student Benefits

- Gaining **hands-on exposure** to real industrial operations and technologies.
- Understanding the **practical application** of topics learnt in class.
- Observing modern **tools, machinery, and industrial practices**.
- Improving their **problem-solving and analytical skills** through exposure to real-world challenges.
- Encouraging **career awareness** and motivating them towards industry-oriented learning.
- Bridging the gap between **academic knowledge and industry expectations**.

We kindly request you to allow a group of **[number of students]** students accompanied by **[number of faculty]** faculty members to visit your place/facility on a date convenient for you. We assure you that the students will maintain discipline and follow all safety and organizational protocols during the visit.

Sincerely,

[Your Name]
[Your Position / Designation] Department of Life Science
Mandsaur University
[Contact Details]
[Email ID]

<table>
<tr><td>1)</td><td>Name of the Department:</td><td></td></tr>
<tr><td>2)</td><td>Class(es) for which the visit is being organized:</td><td></td></tr>
<tr><td>3)</td><td>Number of students:</td><td></td></tr>
<tr><td>4)</td><td>Particulars of the Visit:</td><td></td></tr>
<tr><td>5)</td><td colspan="2">Estimated Expenditure (Attach a separate sheet for the financial estimate)
<table>
<tr><th>Travelling Expenses</th><th>Lodging expenses</th><th>Boarding expenses</th><th>Any other expenses</th><th>Total Tentative expenses (Rs.)</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>6)</td><td>Amount of financial support required (Rs.):</td><td></td></tr>
<tr><td>7)</td><td>Check List:
• List of students (separate lists for Boys and Girls): Yes/No
• Letters of Permission from the organizations to be Visited: Yes/No
• Detailed itinerary for the Visit
• Undertaking by the students (From all students)</td><td></td></tr>
<tr><td></td><td>• Undertaking by parents/guardians (From all students)
• Undertaking by the accompanying faculty
• Undertaking for adjustment of all academic responsibilities (teaching, administrative and other responsibilities, if any)

Signature of Faculty Member/Staff
N.B: It is mandatory to have one female coordinator in case of girl students visit</td><td></td></tr>
<tr><td>8)</td><td>Recommendation of the Department Academic Coordinator:</td><td></td></tr>
<tr><td>9)</td><td>Recommendation of the HoD:</td><td></td></tr>
<tr><td>10)</td><td>Recommendation of the DoAA:</td><td></td></tr>
<tr><td>11)</td><td>Recommendation of the DoSA:</td><td></td></tr>
<tr><td>12)</td><td>Approval of Hon'ble Vice Chancellor:</td><td></td></tr>
</table>

SOP for faculty/staff accompanying students during Educational/Industrial Visits

1. Mandatory Documents to be Submitted

- Prepare and submit all required documents as per the Educational & Industrial Visit Policy 2026 to the Department Academic Coordinator, then HoD/Principal, then to Dean, then to DoAA, then to DoSA and then to Hon'ble Vice Chancellor.
- Required documents include:
  - Student list, duly signed consent forms of students and their parents, medical problem details of students.
  - Itinerary, emergency contact details, transportation details.
  - Permission letter from the company/industry.
- Keep a hard copy of the application form duly approved by Hon'ble Vice Chancellor and the permission letter received from the company/industry during the visit.

2. Ensuring Student Safety during Travel

- Verify safety and proper condition of all vehicles used.
- Ensure students use seat belts where available.
- Prevent unsafe behaviours such as standing near bus doors or moving between seats while the vehicle is moving.
- Prohibit students from renting personal vehicles (bikes/cars).
- Avoid night travel unless approved by the DoSA or competent authority.

3. Safety Protocols at Industrial Sites

Faculty must ensure students:

- Follow all on-site safety rules and wear required protective gear (helmets, shoes, goggles, jackets, etc.).
- Do not operate machinery, chemicals, control panels, or restricted equipment.
- Move only in permitted zones and stay in groups.
- Take photos/videos only where explicitly allowed.

4. Safety Near Sensitive Natural Areas

- Entering water bodies, slippery rocks, or cliff edges is strictly prohibited.
- No trekking or off-route movement without prior permission.
- Students must stay within visible range of faculty at all times.
- Check weather conditions in advance to avoid risk-prone areas.

5. Fire and Hazard-Prone Zones

Faculty must ensure students do not:

- Approach furnaces, boilers, welding zones, chemical storage areas, or high-voltage units without supervision.

- Use flammable items or smoke in restricted zones.
- Faculty must identify emergency exits, fire alarms, and assembly points on arrival.

6. Lodging in Unfamiliar Locations

Before check-in, faculty must verify:

- Basic safety, hygiene, and security of the accommodation.
- Separate rooms allotted for boy and girl students.
- Night curfew and restriction on student movement after designated hours.

7. Food and Hygiene Protocols

Faculty must ensure students:

- Avoid unhygienic street food, consume only safe, verified meals.
- Drink only packaged or purified water.
- Immediately report allergies or discomfort due to food.

8. Emergency Preparedness

At least one faculty member must carry:

- A complete first-aid kit.
- Contact number of the nearest hospital.
- List of students with their medical conditions.
- Emergency contacts of parents and university authorities.
- A printed copy of emergency protocols.
- Report any incident—minor or major—to the HoD and the DoSA immediately.

9. Discipline and Conduct

Faculty must ensure students:

- Follow university rules, dress code, and wear ID cards at all times.
- Maintain discipline, proper behaviour, and follow instructions.
- Stay with the group. No student should wander off.
- Avoid substance use such as smoking, alcohol consumption, or inappropriate behaviour.
- Attendance is recorded at every major checkpoints.

10. Post-Visit Reporting

After completion of the visit, faculty must submit:

- A brief visit report with Geotagged group photos.
- Attendance and activity logs.
- Applicable incident reports with clearcut outcome and experiential learnings to the HoD, DoAA, DoSA and IQAC Office within 5 working days after the visit.

APPROVAL FORM

Kindly read the UGC/AICTE Guidelines for Educational Tours, Industrial Visits, Cultural Visits, etc. before filling the Approval Form (AICTE/ Acad/ Student Safety/ 2015/ 31st July 2015)		
1.	Type of Visit/Tour	
2.	Date(s)/ Days of Visit	
3.	Degree/ Semester/ Branch / Section Details	
4.	Date & Time (Departure from Campus / Arrival to Campus)	
5.	Address & Phone Nos. of Company/ Organization to be visited	
6.	Mode of Travel	Train / Bus / Car / Van / Other Mode – Specify (**Enclosed in Annexure I**)
7.	Copy of Approval Letter from Industry/ Authority concerned	**Yes/No** The letter of approval must clearly specify the date, time, and total duration of the visit, and it must be issued by an authorized industry representative (Manager level or above) with the official seal and contact number (This letter must be placed between **Annexure I** and **Annexure II**)
8.	Undertaking Letter by accompanying faculty	**Yes/No (Enclosed in Annexure II)**
9.	Undertaking Letter by students	**Yes/No (Enclosed in Annexure II)**
10.	Accommodation Details	**Yes/No (Enclosed in Annexure II)**
11.	Faculty/Students Trained in First Aid (Acknowledgements from the Doctor)	**Yes/No (Enclosed in Annexure II)**
12.	Travel Itinerary	**Yes/No (Enclosed in Annexure II)**
13.	Undertaking Letter by Parent	**Yes/No (Enclosed in Annexure II)**
14.	Approval from Dean/ HoD/ Principal (Approved / Not Approved)	**(Signature with Seal)**
15.	Approval from Chief Warden (If hostel Students are participating)	**(Signature with Seal)**
16.	Approval from the DoSA/ DoSA Office/ Competent Authority (Associate Dean – Student Affairs/ Proctor)	**(Signature with Seal)**

Note: 1. The filled up and completed form (Hardcopy) must be submitted to DoAA and DoSA through the department Dean/HoD/Principal for their recommendation to Hon'ble Vice Chancellor Sir at least SEVEN days before the date of departure.

2. The University shall not be held responsible for any payments made prior to the final approval.

3. A hard copy of the approved form and the permission letter from the company/industry must be carried by the faculty members accompanying the students.

ANNEXURE – I

MODE OF TRAVEL

Sl. No	Details	Mode of Travel	Travel Details
1.	Onward Journey		1. Vehicle No (s): ..... 2. Travels provider Contact No.: ..... 3. Driver Contact No.: .....
2.	Return Journey		

Details (if any): .....

For all other modes of travel, complete journey details must be provided.

ANNEXURE – II

UNDERTAKING LETTER BY ACCOMPANYING FACULTY

1. I/we will take care of the students participating in the tour/visit.
2. I/we will ensure that the students will abide by the rules and regulations of Mandsaur University and the Institution/organization/company/industry or the local authority of the place to which such tours/visits are being undertaken.
3. I/we hereby state that all the parents/guardians of the students concerned are informed of their official trip well in advance and have obtained their consent.
4. I/we will be liable for disciplinary action if it is found that the safety of the students is compromised in any manner during the tour.
5. I/we will be liable and answerable if any student is taken or allowed to enter or venture into mountain areas, rivers, canals, beaches, water parks, reservoirs, forest areas, or similar places during the tour, thereby compromising their safety in any manner.
6. I/we are liable and answerable for any such untoward incident taking place during the tour.
7. I/we shall ensure that if any activities are necessary in and around water bodies such as boating, swimming, rowing, and sailing must be carried out under the supervision of a trainer/life guard only.

Sl. No.	Name of the Faculty	Designation	Male/ Female	Mobile No.	Alternate Contact No. (Parent)	Signature
1						
2						
3						
4						
5						
6						

ANNEXURE – III

UNDERTAKING LETTER BY STUDENTS

We, the students of the _____ Semester & Programme at Mandsaur University, Madhya Pradesh (MP), hereby undertake that we are going on an Industrial Visit / Cultural Visit / Field Trip / Study Tour/ Outbound Training to _____, organized on _____ (date). Our departure from [name of place] is on _____ at _____ (time), and our arrival back at Mandsaur University, MP is on _____ at _____ (time).

We agree to abide by all rules and guidelines of Mandsaur University, MP, as well as the rules and regulations of the host institution/organization/company/industry or the local authorities of the place we are visiting. If any violation of these rules or regulations occurs during the tour, we understand that we will be liable for disciplinary action as decided by the University.

Sl. No.	Roll No.	Name	Boy/ Girl	Hostel/ Day Scholar	Mobile Number	Blood Group	Signature

- Total Number of Day-Scholar Boys: .....
- Total Number of Day-Scholar Girls: .....
- Total Number of Hosteller Boys: .....
- Total Number of Hosteller Girls: .....

Name(s) and Signature of Faculty Members with Date: .....

1. .....
2. .....

(Signature of the HoD)

ANNEXURE – IV

PARENT UNDERTAKING LETTER

(For Educational / Industrial Tour / Visit)

To

The Dean/Head of the Department/Principal

(University / Institute Name) I, _____

(Parent/Guardian), parent/guardian of Mr./Ms. _____

studying in _____ Year _____ Branch, hereby give my consent for my ward to participate in the Educational / Industrial Tour / Visit to _____ on _____.

I confirm that:

- My ward will follow all instructions, safety rules, and discipline during the visit.
- My ward is medically fit now to travel. In case notice his/her ill health before the travel date will inform to the university/institute immediately.
- I will not hold the university/institute or faculty responsible for any incident caused by my ward's negligence or violation of rules or any other causalities.
- I can be contacted in case of emergency at _____.

Parent/Guardian Name: _____

Signature: _____

Date: ____ / ____ / _____

Student Name: _____

Student Signature: _____

ANNEXURE – V

DETAILS OF ACCOMMODATION

Sl. No.	Name of Hotel/ Guest House*	Period of Stay	Address and Phone	Responsible Person Handling	Types of Room: Single/ Shared/ Dormitory
1					
2					
3					
4					
5					

*Attach the copy of confirmed accommodation booking.

Signature of Faculty in Charge

(Signature of HoD)

ANNEXURE – VI

FACULTY/STAFF/STUDENT(S) TRAINED IN FIRST AID

Sl. No	Emp. ID/ Roll No.	Name of Faculty/Staff/Student(s)	Mobile Number
1.			
2.			
3.			
4.			

Name of Doctor in Campus Clinic:

(Signature of Doctor with Seal)

Emergency & medical assistance contacts (Places included in the Travel Itinerary - Annexure VI)

Hospital Names with Contact Numbers:

1. .....
2. .....
3. .....

(Signature of HoD)

ANNEXURE – VII

TRAVEL ITINERARY & RESPONSIBILITY OF FACULTY IN CHARGE

Sl. No.	Date	Time	Place
1.			
2.			
3.			
4.			
5.			
6.			
7.			

MANDSAUR
UNIVERSITY
DREAM. LEARN. LEAD.

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