Hope Foundation’s

**INTERNATIONAL INSTITUTE OF INFORMATION TECHNOLOGY (I2IT)**

**DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENGINEERING**

Academic Year YYYY – YYYY

 Date: / /2015

**To,**

**The Principal,**

**International Institute of Information Technology,**

**Hinjawadi, Pune -57**

**Subject**- Permission for Industrial Visit on / /2015.

Respected Sir,

 We, the students of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engineering, division-\_\_\_\_\_our department has organized industrial visit on \_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will depart at \_\_\_\_\_\_\_from college and return at \_\_\_\_\_\_\_\_\_\_(approximately) to college.

We obey all the instructions of faculty members and will strictly follow the rule and regulations. We are going to visit on our responsibilities and college will not be responsible for any incident.For any misbehavior we are punishable and take any disciplinary action against us. So we request you to please grant us the permission in reference to the subject mentioned above.

Thank you for your time and consideration.

Yours Faithfully,

 (Class)

Class Teacher IV Co-ordinator HOD Principal

(Class) (Dept.) (Dept.) I2IT, Hinjewadi.

**Encl:** List of students

Hope Foundation’s

**INTERNATIONAL INSTITUTE OF INFORMATION TECHNOLOGY (I2IT)**

**DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENGINEERING**

Academic Year YYYY – YYYY

**List of students Enrolled for Industrial visit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Roll No.** | **Name of Student** | **Personal Contact Number** | **Parents Contact Number** | **Sign** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Total Strength of Student:**

|  |  |  |
| --- | --- | --- |
| **Class Teacher** | **IV Coordinator** | **HOD** |
| (Class) | (Dept.) | (Dept.) |