

**APPLICATION FORM FOR GRANT FOR STUDY TOUR UNDER 'AICTE – YOUTH UNDERTAKING VISIT FOR ACQUIRING KNOWLEDGE (YUVAK): STUDY TOUR of ATAL TUNNEL, HIMACHAL PRADESH '**

<b>I. INSTITUTE DETAILS</b>								
<b>I.</b>	Name of Institute							
	Concerned AICTE Region							
	NIRF Ranking							
	Institute ID							
	Institute Address							
	Name of Principal / Director							
	Landline No.				Mobile No.			
	Email-id							
<b>II. DETAILS OF FACULTY MEMBER GOING AS TEAM LEADER</b>								
<b>II</b>	Name		Faculty ID		Designation		Department	
	Mobile No.				Email-id			
<b>III. TEAM MEMBER DETAILS</b>								
S.No.	Name of Student	Student ID	Course Name (BE/BTECH/MTECH INTEGRATED) & Branch	Present Course Year (2 <sup>nd</sup> /3 <sup>rd</sup> year)	CGPA Grade in last semester	Mobile No.	Email-id	
1								
2								
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**Certificate by Head of the Institution:**

I certify that :

- a) The details given above are correct to the best of my knowledge & capacity.
- b) If the information supplied is found to be incorrect at a later date, I shall be legally bound / liable to reimburse the entire amount to the Council.
- c) The amount received will be used only for the purpose for which it is requested.
- d) I shall abide by all of the decisions of the Council.

**Place:**

**Date:**

**Signature:**

**Name:**

**Designation:**

**Office seal:**