**REGISTRATION FOR STUDENTS VISIT TO MUTTUKADU EXPERIMENTAL STATION OF ICAR-CIBA**

(To be submitted online by the authorised personnel of the Institution\*)

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| --- | --- | --- |
| 1 | Name & address of the Institution |  |
| 2 | Type of visit | Exposure visit/Industrial visit/Others  |
| 3 | Department & course  |  |
| 4 | Year/Semester |  |
| 5 | Total no. of students visiting along with faculty : | Total : Male: Female:  |
| 6 | Detailed list of the visiting students  | [Click here for entering details in Excel sheet](https://ciba.icar.gov.in/wp-content/uploads/2023/06/Detailed-list-of-the-visiting-students.xlsx) |
| 7 | Purpose of the visit |  |
| 8 | Do the students have aquaculture as an main/optional subject? |   |
| 9 | If yes, Name of the courses |  |
| 10 | Do you have any specific academic requirement? |  |
| 11 | How will this visit enhance their knowledge? |  |
| 12 | Preferable date & month of visit |  |
| 13 | Preferred duration of visit (pl. tick) |  Forenoon/Afternoon/Full day  |
| 14 | Time of visit | Check in : Check out: |
| 15 | Details of the faculty member in charge of the visit  | Name :Designation:Email id (Official)Mobile Number (Official):E mail id (Personal)Mobile Number (Personal |
| 16 | Details of the faculty members accompanying | Name :Designation:Email id (Official)Mobile Number (Official):E mail id (Personal)Mobile Number (Personal) |
| 17 | **Checklist** 1. Permission request letter from Head of the Institution.2. Signature of the Faculty in charge of the visit. |  |
| 18 | Due to any unforeseen situations/ based on administrative grounds, change of date will be intimated.  |  Accepted / Not accepted |
| 19 | **Payment Details:*** **Fees are not applicable for all Institutions and colleges under National Agricultural Research System (ICAR Institutes & SAUs**)
* Online payment ₹ 3000/+18% GST (non-refundable) to be paid for a batch of 20 students & part thereof.

|  |  |
| --- | --- |
| Name of the Bank/ Branch/ Address | **State Bank of India (Santhome** Branch)# 120, Santhome High RoadChennai 600 028         Ph:24642169 |
| Bank Code No. | **05797** |
| IFSC No. | **SBIN0005797** |
| MICR Code No. | **600002048** |
| Title of Bank A/c. | **ICAR UNIT – CIBA** |
| Bank Account No. | **10013240762** |
| Nature of Account | **Current** |
| Mail id | **sbi.05797@sbi.co.in** |

* Payment should be made at least 7 days prior to the confirmed date of visit and provide the following details of payment:

Date of Payment:Bank name, Branch:UTR Reference Number: |

**\***MES of ICAR-CIBA is a green campus. Do not bring plastic wastes and litter.

 I hereby declare that the details furnished above are complete and correct to the best of my knowledge and belief. We are aware that we are liable for the inconveniences due to

students activities.

Place:

Date:

**Signature** (**Head of the Institution)** with **Seal**

**Note:**

Visit will be for the maximum duration of 3 hrs.

Change of date is permitted once, which can be informed through mail, at least 4 days before excluding the date of visit.