Quality Improvement Programmes

Advance Admission Programme 2016-2017

Contact Visit Report

1) Name of Scholar   : _____

   (In Capital Letters)

2) Roll No.   : _____

3) E-mail   : _____

4) Mobile No.   :_____

5) Parent Institution with   : _____

   Full Address

   _____

   _____

6) Department (At IIT)   : _____

7) Name of Guide   : _____

8) Visit No.   : I – II – III – IV (Tick Whichever is applicable)

9) Duration of Visit   : From _____ to _____

10) Brief Report of Work Done During the Visit:

_____

_____

_____

_____

11) Work Plan for Next Visit

_____

_____

_____

_____

Signature of Guide   Signature of Scholar