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| **APPENDIX – IV RECORD OF VISITS/ACTIVITIES CARRIED BY LEARNER** |

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| **Sr No** | **Date of Visit** | **Time Duration** | **Place Visited** | **Nature of Work** | **Name and Signature of Concerned Authority** | **Remark** |
| **From** | **To** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
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**Signature of the Student Signature of Academic Counsellor**

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| **APPENDIX – IV RECORD OF VISITS/ACTIVITIES CARRIED BY LEARNER** |

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| **Sr No** | **Date of Visit** | **Time Duration** | **Place Visited** | **Nature of Work** | **Name and Signature of Concerned Authority** | **Remark** |
| **From** | **To** |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
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**Signature of the Student Signature of Academic Counsellor**

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| **APPENDIX – IV RECORD OF VISITS/ACTIVITIES CARRIED BY LEARNER** |

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| **Sr No** | **Date of Visit** | **Time Duration** | **Place Visited** | **Nature of Work** | **Name and Signature of Concerned Authority** | **Remark** |
| **From** | **To** |
| **25** |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |
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**Signature of the Student Signature of Academic Counsellor**