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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							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**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							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

**Signature of the Student**

**Signature of Academic Counsellor**

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

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							
29							
30							

**Signature of the Student**

**Signature of Academic Counsellor**