



**BIKALI COLLEGE, DHUPDHARA**  
**GOALPARA-783123**

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Date:

**APPLICATION FORM FOR FIELD STUDY TOUR/TRIP/VISIT**

To,  
**The Principal Bikali College, Dhupdhara, Goalpara-783123**

Course.....

Paper Code and Name.....

Title of the Study Tour/Trip/Visit.....

Date of Visit:.....

Destination:.....

Purpose:.....

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Activities during the tour/trip/visit.....

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Teacher Coordinator(s).....

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Number of student participants (attach list of names).....

I confirm that all measures have been taken to ensure the safety of students during the visit. All permissions have been obtained from the concerned authorities. I confirm that this study will enhance the understanding of the students through experiential learning.

Signature of faculty applicant(Coordinator)                      Signature of Head of Department

Granted  
Principal, Bikali College, Dhupdhara