



# Sree Gokulam Medical College & Research Foundation

(A Unit of Foundation of Non-Resident Indians)

Approved by National Medical Commission, Affiliated to Kerala University of Health Sciences

Accredited by NABH & NABL

Policy Number: *SGMC/ Acad. Pol/048/2020*

Category: Student Welfare

Content: Study tour

Effective Date: *01.08.2020*

Inquiries: Office of the Principal,  
Sree Gokulam Medical College & Research Foundation  
Venjaramoodu, Thiruvananthapuram  
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Signed by:



Director



Dean Emeritus



Principal





## Study Tour

### Statement of Purpose

While institution acknowledges study tours as a necessary part of the college education, bringing about better interaction and enriching experiences, they should be conducted in a responsible way. The policy states the guidelines in organising a study tour.

### Policy

The students planning for a study tour, shall follow the procedure given below, in the absence of which, shall be liable to face appropriate disciplinary actions.

### Procedure

- The class representatives or the tour leaders shall assess the risk in the tour, communicate the risk with the staff-advisors and the faculty accompanying, and put in place appropriate risk management methods. They will make necessary arrangements for sufficient supply of food, water, first aid kit, personal protection gear (if required) and immunisation (if needed).
- College authorities and the students planning to go to the tour shall be briefed about the entire itinerary in advance.
- Students shall decide the dates of the tour in such a way that they shall not miss any classes or examination or inconvenience themselves in preparing for an examination.
- The tour leaders shall submit an application in writing regarding the tour itinerary to the office of the Principal for pre-approval, specifying:
  - The dates & time of the tour
  - Place (s) visiting
  - Mode of conveyance (including the vehicle number and make, name of the owner / agency, name of the driver and a copy of Driver's license if a vehicle is being hired)
  - Place (s) of stay (including booking details).
  - List of names of the students going for the tour along with their mobile numbers.
  - A signed permission from their parents. A student shall not be permitted to proceed with the tour unless approved by their parent.



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- List of names and contact numbers of the parents to contact in case of emergency from each student.
- Names and signed letters of consent from a male and a female faculty members not below the rank of Assistant Professor, who are accompanying the students on the study tour.
- Permission to visit from the office / institution of public health importance planning to visit.
- The tour shall be considered as sanctioned only if the application letter is signed by the Principal or Director. The students shall not proceed on the tour unless sanctioned.
- All the students proceeding on the study tour shall board from the college and report back to the college on completion of the tour.
- Students are expected to conduct themselves as per the code of conduct of this institution during the tour. Any misbehaviour reported by an outsider or the accompanying faculty members shall result in an appropriate disciplinary action.
- Students requiring any medical, physical or dietary considerations shall inform the study tour leaders and the faculty members in advance.
- During the tour, the students shall always be in a group and shall be accompanied by the faculty members.

## Applies to

All those students planning for a study tour.

Prepared by	Reviewed by	Approved by
Dr Mamata Chimmalgi Professor of Anatomy, IQAC Coordinator	Dr P Chandramohan Dean	Dr K K Manojan Director
Policy Number	Effective Date	Validity
SGMC/Acad.Pol/048/2020	01.08.2020	5 years



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## Study Tour Application Format

Batch of Admission:

Name and Roll Numbers of Tour Leaders:

- 1.
- 2.

Place(s) Visiting:

- 1.
- 2.
- 3.

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Time of Departure:

Expected time of Arrival:

Place(s) of Staying during the Trip:

- |    |      |    |
|----|------|----|
| 1. | From | To |
| 2. | From | To |
| 3. | From | To |

Mode of Conveyance:

Vehicle No.

Name of the Driver:

Name of the owner / agency:

Name of the accompanying male faculty:

Name of the accompanying lady faculty:

Attachments:

Copy of Driver's License: Yes / No

Permission Letter from the visiting Institute: Yes / No

List of students with mobile numbers: Yes / No

Signed consent form from the accompanying male faculty: Yes / No

Signed consent form from the accompanying lady faculty: Yes / No

Signed permission from all Parents: Yes / No

List of Parents names & contact numbers (for emergency) Yes / No

Route map with list of hospitals en route (for emergency): Yes / No

Permission Granted: Yes / No

Signed Principal / Director