

PROFORMA FOR FIELD VISIT

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| 1 | Name & Address of Institution / University / College/ Organisation | |
| 2 | Place of Field Visit (Please tick across plant name requested) | |
| i | Sewage Treatment Plant (Forenoon only / max 25 Nos. per batch) | |
| a | Kodungaiyur | |
| b | Koyambedu | |
| c | Nesapakkam | |
| d | Perungudi | |
| ii | Water Treatment Plant (Forenoon only / max 25 Nos. per batch) | |
| a | Chembarambakkam | |
| b | Kilpauk | |
| c | Puzhal | |
| d | Vadakuthu | |
| iii | Desalination Plant (Forenoon only / max 25 Nos. per batch) | |
| a | Nemmeli | |
| 3 | Probable date of visit (Except Govt holidays, Saturday and Sunday) | |
| 4 | Contact person with mobile no | |
| 5 | Payment details | |
| a) | Rs.50/- per head / plant / day (Morning session 10.00 am to 1.00 pm only) (Subject to the minimum of Rs.1250/- per batch per plant) <i>21890 GST - 201475/-</i> | |
| b) | The payment may be made either through Demand Draft payable at Chennai in favour of "Resource Centre, CMWSSB" or Cash payments vide Current A/c No. 8439201000239 in any branches of Canara Bank | |
| c) | Once paid, the permission date will not be changed as per CMWSSB terms and conditions. Payment to be reached <u>10 days</u> prior to the date of visit | |
| d) | Demand Draft No: Amount: Date: Name of the bank and Branch: | |
| or | | |
| e) | Cash amount paid challan in original with date and branch | |
| 6 | The covering letter from Principal / HOD addressed to The Deputy Director(TC), CMWSSB, No.56, Raji Street, Ayanavaram, Chennai-23. Phone No.044-26442611. | |
| 7 | Enclosures | |
| (i) | The original paid receipt / Demand Draft | |
| (ii) | Students Name List with Faculty | |

SIGNATURE WITH SEAL
Principal / Head of the Department