SECURITY CHECKLIST OF STUDENTS TRIP/TOUR

Date of Departure: _____ Date of Arrival: _____

Destination: _____ Department _____

Focal Person Details:

S/N	Name	Designation	Contact Number

(Attach extra sheet if require) **Total Faculty/Admin Staff: _____**

Students Details:

S/N	Name	Roll #	Semester

(Attach extra sheet if require) **Total Students: _____**

Emergency Contacts: _____

University/Private Transport Details:

Vehicle type: _____ No. of Vehicles: _____

Driver Name: _____Contact Number: _____
(Attach extra sheet if require)

Copy of Vice-Chancellor approval attached:
