



Kumbhalkar College of Social Work

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Exposure/Orientation Visit

Name of Student:

Course:

Roll No.

Semester:

Specialisation:

Name of the client:

Case No/Client Code:

Submitted to:

Date:

Visit No.:

Day and Date:

Venue:

Time:

Purpose of Visit:

Introduction:

Activities Undertaken/ Profile of Activities:

Observation:

Evaluation:

Suggestions (If Any):

Conclusion:

Submitted To
<Signature>
<Name of the Faculty>
<Designation>
<Name of the Department>

Submitted By
<Signature of the Trainee>
<Name of the Trainee>
<Class>
<Semester>