PRACTICAL TRAINING LOG BOOK

Student's Name	
Scholar Number	
University Roll No.	
Session	
Training Office	

Faculty of Architecture and Planning

Dr. A.P.J Abdul Kalam Technical University, Lucknow (Formerly: GCA Lucknow & Lucknow college of Architecture)

Tagore Marg, Lucknow - 226007

(To be issued on the office Letterhead by the Architect Supervisor /Head of the Office and sent to the Institute by Post)

JOINING REPORT

Mr./Ms of Bachelor of Architecture (VII Semester) of the Facu	, a student
,	•
AKTU Lucknow has joined our office, as a trainee, in the	
	sixteen weeks practical training
during VII Semester of the B. Arch programme und	der the Dr. A.P.J. Abdul Kalam
Technical University, Lucknow.	
• '	
	Signature of Architect
	with office Seal
	COA No
Place	
Date	
Date	

(To be issued on the office Letterhead by the Architect Supervisor/Head of the Office and sent to the Institute by Post)

NO DUES & RELIEVING CERTIFICATE

This is to certify that Mr./Ms, a student o Faculty of Architecture and Planning, AKTU L compulsory sixteen weeks Practical training as sti Kalam Technical University, Lucknow in our office.	ucknow has completed his/her
He worked under the under the supervision of	
fromtoaı	nd is being relieved from this office
this forenoon/afternoon of	
It is further certified that, he has handed over	the charge of materials/books etc.
which were in his custody, and no outstanding dues a	are pending against him/her.
	Seal & Signature of Architect COA No:
Place	COA NO.
Date	

Index Sheet: PT -2A

Faculty of Architecture and Planning, AKTU Lucknow (Formerly: The Government college of Architecture)

Lucknow - 226007

Index of Training Office

Table: 1/PT - 2

Sl. No.	Name of Training Office	Staff Strength	Dat	Stipend	
51. 110.	Training Office	(Expect Trainees)	Joining	Leaving	Received

TABLE OF CONTENTS

Table: 2/PT <u>- 2</u>

Sl. No.		

Faculty of Architecture and Planning, AKTU Lucknow (Formerly: The Government college of Architecture)

Lucknow - 226007

Student's Name Class & Session	:: :	Month No of Weeks in Training
Name & Address of Training Office	:	
Supervisor 's Name	_:	Qualifications:
		Entries on this Log Sheet are Verified Signature of Supervisor

WORK INFORMATION:

Table: 1/PT -3A/___

Proje ct S1.	Project's Name & its Location	Office Job No.	Size of the work	No. o	f hours pu	ıt into the EK starti	project d	luring DATES	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9							_	_	
10									

Faculty of Architecture and Planning, AKTU Lucknow (Formerly: The Government college of Architecture)

Lucknow - 226007

WORK INFORMATION:	Entries Herein verified	Month
Table 2/PT-3 B	Signature of Supervisor	

Table 2/	able 2/PT-3 B Signature of Supervisor												
S. No	Type of		No. of Hours put in Project S. No. from Table: 1/PT-3A/ Remark					No. of Hours put in Project S .No. from Table: 1/PT-3A/					Remarks
	Work done for projects	Project No.	1	2	3	4	5	6	7	8	9	10	
1.	Municipal Drawings												
2	Presentation Drawings												
3	Working Drawings												
4	Construction Details												
5	Structural Analysis/Design												
6	Structural Drawings												
7	Services Design/Details												
8	Planning & Design												
9	Interiors												
10	Models												
11	Site Supervision/Visit												
12	Estimate & Costing												
13	Specifications etc.												
14													
15													
16													
17													
18													
19													
20													
23													
24													
25													
23													

PRACTICAL TRAINING Log Sheet: PT – 3C/___

Faculty of Architecture and Planning, AKTU Lucknow (Formerly: The Government college of Architecture) Lucknow - 226007

WORK INFORMATION:

Table 3/PT-3 C

(Use Additio	work done as informed through Tables- 1/PT-3A/& 2/PT-3B/ onal sheets if need Be)
Project S. No.	Details
	<u></u>