



CENTRE FOR UNIVERSITY – INDUSTRY COLLABORATION

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Dr. K. SHANMUGA SUNDARAM

Director

Ref: CUIC/TRAINING

Date:

To

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APPLICATION FOR INPLANT TRAINING

Name of the student (Capital Letters) : Roll No :

Degree: Branch: Semester:

Student's Address for communication:

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E-mail ID: Contact No:.....

Proposed duration of training : From..... To.....

Signature of Student

Signature of the Class Advisor

Signature of HOD with Seal

Dear Sir / Madam,

I am forwarding the above student's application for your kind consideration to undergo Practical Inplant training in your esteemed organization please.

DIRECTOR – CUIC

APPLICATION FOR INPLANT TRAINING

(To be retained by CUIC Office)

Name of the student (Capital Letters) : Roll No :

Degree: Branch: Semester:

E-mail ID: Contact No:.....

Student's Address for communication:

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Name and Address of the Company:

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Proposed duration of training : From..... To.....

Signature of Student

Signature of the Class Advisor

Signature of HOD with Seal

Director, CUIC with Seal