

Pre Visit to the Industry for Consultancy Acquisition

Date:

| | |
|--|----------------------------|
| Name of the Faculty: | |
| Name of the Department: | |
| Name of the Industry to Visit: | |
| Address of the Industry: | |
| Contact Person Name and Designation: | |
| Contact Person Contact Number and Mail Id: | |
| Whether MoU/ Agreement Signed with the Client (Attach, if any): | Signed / Not Signed |
| Whether Approach the Industry related to Third Party Involvement: | YES / NO |
| Date of the Visit: | |
| Accompanying Faculty Name (If Any): | |
| Tentative Field of Consultancy Acquired: | |

Signature of the Faculty Members:

- 1.
- 2.

Head of the Department

Dean – R&I

Vice Principal

Principal