Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Consultancy FORM 1

Pre Visit to the Industry for Consultancy Acquisition

Date:

Principal

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

Vice Principal

Dean - R&I