



**CENTRE FOR UNIVERSITY – INDUSTRY COLLABORATION
ANNA UNIVERSITY, CHENNAI – 600 025**

Phone: 044 - 2220 0599 / 2235 8989

E-mail: cuic@annauniv.edu / cuic.annauniv@gmail.com

Dr. T. Thyagarajan
Professor & 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