

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:

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

PRINCIPAL