

MoU Initiation Form

Type of the MoU

Academic	Research	Industry
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Category

National	International
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1. Brief Profile of the Collaborating Organization:

Date:

Name:	
Address:	
About the Organisation (In about 100 words):	
Contact Details:	
Duration of MoUs:	

2.

2.1 Academic Collaboration		2.4 Student Related Activities	
• Curriculum Design	Y/N	• Internship	Y/N
• Teaching-Learning Process	Y/N	• Industry Visit	Y/N
• Faculty Exchange	Y/N	• Apprenticeship	Y/N
2.2 Research		• Placement	Y/N
• Project	Y/N	• Student Exchange Programme	Y/N
• Consultancy/Training	Y/N	• Career Guidance	Y/N
• Research Papers/Patent	Y/N	• Cultural/Sports	Y/N
• Establishment of Lab/Center of Excellence	Y/N	Others (please mention) :	
• Extension Activities	Y/N		
• Scholar in Residence (15 / 30 / 45 days)	Y/N		
2.3 Professional Development Activities			
• FDP/PDP	Y/N		
• MDP/EDP	Y/N		

3.

Name of the Initiator:	Recommended by the Dean/Director	Approved by the Vice-Chancellor
Mobile:		
Email:		
Signature :	Signature :	Signature :