



ANNA UNIVERSITY CHENNAI, CHENNAI – 600 025.

CENTRE FOR UNIVERSITY – INDUSTRY COLLABORATION

**Application form for Registration / Renewal of
Industrial Associateship Scheme (IAS)**



Name and Address of the Organization :

Name of the Chief Executive Officer :

Address for Communication :

Telephone / Fax No./ e-mail / Mobile :

Name of the Representative who will be :
Interacting with CUIC, Anna University
Telephone / Fax No./ e-mail / Mobile

Area of activities : Manufacturing / Service / Educational / R&D / Others
(Please ✓)

Membership with other industries, if any :

Payment Particulars

Amount : **Rs.**

Demand Draft No. : **Dated :**

Bank :

SIGNATURE :

**(The Demand Draft for Rs. 10000/- for one calendar year should be drawn in favour of
"The Director, CUIC, Anna University – Chennai", Payable at Chennai.)**

For further information, Please contact : **Dr. T.THYAGARAJAN,**
Director, CUIC
Phone: 22200599, 22358989
e-mail: cuic@annauniv.edu

FOR OFFICE USE ONLY

Membership No:

Date of Admission:
