

**Application Form for Student Chapter of “The Robotics Society”**

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| Name and Address of the Institute Capital Letters |   |
| Name of Faculty coordinator |  | TRS membership number: |
| Home Address |  |
|  | PIN code: |
| PHONE: |  -- --Country code -- region code -- phone no.  |
| Affiliation   | Organization |  |
| Designation |   |
| Highest Qualification | □Undergraduate □Graduate (Masters) □PhD □Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Address |  |
|  | PIN code: |
| PHONE :  |  (Mobile no.)  |
| E-mail:(Write legibly) |  |
| Research / Study Field | Mention 3 main areas of interest/research (select from list# or specify own area.) |
|   |  |  |
| Number of student members  | (Enclose details in Appendix) | Male:Female:  |
| Declaration | To The President, The Robotics SocietyWe hereby apply for formation of TRS student chapter at ………………………………………….. and we confirm that we understand the aims of the Society and will follow its articles and rules of TRS student chapter listed online at <http://www.rs-india.org>.   ------------------------------------------- ----------------------------------------------- (Faculty Coordinator) (Principal)Date: Date: Seal    |
| Please fill up and send hard copy or email scanned version: **The Robotics Society, c/o Dr. T. Asokan, Dept. of Engineering Design; IIT Madras, Chennai, 600036, INDIA****Email:** **info@rs-india.org****; Website:** [**http://www.rs-india.org**](http://www.rs-india.org)**After the receipt of this filled up form, further procedure will be communicated to the applicant through email. Kindly note that all applications received by 15th of a month shall be processed by the 30th of that month. For any clarifications, kindly contact info@rs-india.org** |

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 □ check appropriate box of the form.

#***List of research areas:*** AI, control, mobile robotics, kinematics & dynamics, design, micro/nano, human centered robotics, industrial/defense/space/nuclear applications, optimization, smart materials, etc.



**Appendix:**

1. Please provide the details of student members and office bearers

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| Sl. NO | Name, Address, e-mail | TRS membership number |  Official Position ( Secretary, treasurer etc.) |
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Signature of Faculty Coordinator