The Robotics Society Registration No: S-E/1231/Distt-SouthEast/2017

GSTIN: 07AAGAT0434J1ZI

	Application Form	for Student Chapter of "The Re	obotics Society"	
Name and Address				
of the Institute				
Capital Letters				
Name of Faculty			TRS membership number:	
coordinator				
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		(110011)		
E-mail:				
(Write legibly)	Montion 2 main areas	finterest/research (select from 1	ist an anacify over anon)	
Research / Study Field	Mention 5 main areas o	f interest/research (select from l	ist [®] or specify own area.)	
Number of student		Mal		
members	(Englose details in Appendix)			
Declaration	(Enclose details in Appendix) To The President, The Robotics Society			
Declaration	We 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 <u>http://www.rs-india.org</u> .			
	student enapter instea e		5·	
	(Faculty Coordinator)		(Principal)	
			(1 11104 41)	
	Date:		Date: Seal	
Please fill up and sen	nd hard copy or email sca	nned version:		
-			Madras, Chennai, 600036, INDIA	
	. <u>.or</u> g; Website: <u>http://ww</u>			
After the receipt of t	his filled up form, furth	er procedure will be communio	cated to the applicant through email. Kindly	
note that all applicat	tions received by 15 th of	a month shall be processed by	the 30 th of that month. For any clarifications,	
kindly contact info@	rs-india.org			
check appropriate	box of the form.			
List of research areas	: AI, control, mobile robo	otics, kinematics & dynamics, de	esign, micro/nano, human centered robotics,	
industrial/defense/spa	ace/nuclear applications,	optimization, smart materials, e	tc.	

Office Use: Student Chapter ID: TRS SC _____ Date: ____ TRS Student Chapter Form: Jan, 2020

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Appendix:

1. <u>Please provide the details of student members and office bearers</u>

<u>Sl.</u>	Name, Address, e-mail	TRS membership number	Official Position
<u>NO</u>			<u>(Secretary, treasurer etc.)</u>
110			<u>(Secretary, reasurer etc.)</u>

Signature of Faculty Coordinator

Office Use: Student Chapter ID: TRS SC _____ Date: ____ TRS Student Chapter Form: Jan, 2020