CMR INSTITUTE OF TECHNOLOGY, BENGALURU

(Approved by AICTE, New Delhi, Accredited NAAC with A^{++} and Affiliated to VTU)

Department of …….

EXTERNAL INTERACTION FORM

Date:

Name of the External expert: …….

Designation :

……. Name & Address of the Company / Organization : …….

……

Summary of the Discussion

……

……

……

……

……

……

Action Plan

1. ……
2. ……
3. ……

Faculty **External Expert** **HOD**