



CENTRE FOR RESEARCH
ANNA UNIVERSITY
CHENNAI - 600 025



Dr. C.UMARANI
DIRECTOR

Telephone : +91-44-2235 7366/2235 0361
Fax : +91-44-2220 1213
Email : dirresearch@annauniv.edu
dirresearch@gmail.com



Date : 17.08.2024

Lr.No: 2329/RIR/AR2/2024

To
The Principal
Rathinam Technical Campus,
Eachanari,
Coimbatore 641021

Handwritten signature/initials in blue ink, possibly 'HOMD OAS/OM' and 'MS'.

Sir/Madam,

Sub : Anna University - **Research Institute Recognition** - Approval Orders - Issued.
Ref : 1. Your Application No.: **16IR2858**
2. VC Note Approval Dated: 18.07.2024

I am by direction to inform that your College/Institution (ref-1) is approved as **Institute Level Research Centre** (ref-2) for a period of **three years** upto **June 2027**. The faculty members of your College/Institution can interact with Anna University for collaborative research for the purpose of pursuing Ph.D. / M.S. (By Research) programme.

The recognized supervisors working in your College/Institution may be permitted to guide the candidates to carry out Ph.D. / M.S. (By Research) programme relevant to their field of specialization. Please refer to Ph.D. & M.S. (By Research) Regulations for additional information.

In all future correspondence quote "4232900" for reference.

Renewal must be initiated at least **3 months** before the expiry of the current term and granting of extension will be based on your College/Institution meeting of the norms of the Research Institute Recognition at the time of application.

Handwritten signature in green ink, with the word 'DIRECTOR' printed below it.

Handwritten initials 'W' and date '17/8/24' in green ink.

Handwritten date '17/8/2024' in green ink.