|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College name | |  | | |
| Address | |  | | |
| City |  | | State |  |

Dear aSOP program convener of SAEINDIA,

We have read the program description and college requirements and we have understood the same. We are interested in hosting automotive Student Orientation Program in our college.

We want to host aSOP foundation program because:

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We think that we can effectively deliver this program because:

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We agree to go through the registration and selection process including on-site assessment by SAEINDIA industry panel. The filled in requirements checklist is attached.

The following person has been authorized to discuss the program with SAEINDIA:

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Email: |  |
| Mobile: |  |

Signature and date:

Principal / Dean