

Dr.Mahalingam College of Engineering and Technology, Pollachi -03

(An Autonomous Institution)

Office of Dean Research and Innovation

Extramural
Project Funding-FORM 4

PERIODICAL REVIEW FORM – EXTRAMURAL FUNDING R&D PROJECTS

Date: _____

A. Investigators Details			
1.	Project Title		
2.	Funding Agency		
3.	National /International		
4.	Principal Investigator Name & Designation		
5.	Co - Principal Investigator(s) Name & Designation	Co PI 1:	
		Co-PI 2:	
		Co-PI 3:	
6.	Project staff Name & Designation		
7.	Any external collaborators involved in the project	Yes:	No:
8.	Any MOA/MOU signed (for this project)	Yes:	No:

B Project Details					
1.	Project sanction reference no				
2.	Project Duration				
3.	Budget Sanctioned				
4.	Budget Released	Date of release	Amount		
	I Instalment				
	II Instalment				
	III Instalment				
5.	Percentage of Fund Utilization				
6.	Outcome of the project (as on date)	Publications	Patent	Events organized	Worthy achievements out of project
7.	Whether any College support required (if Yes, give description)				

8.	Future plan		
9.	Any Extension obtained from funding agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name and Signature of PI

Name and Signature of Co-PIs

Name and Signature of HoD

Dean (R&I)

PRINCIPAL

SECRETARY