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Office of Dean Research & Innovation

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Research and Innovation Process Handbook of Dr.Mahalingam College of Engineering and Technology

2023

Dr.S.RAMAKRISHNAN
Dean-Research and Innovation

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Vision & Mission

Dr.Mahalingam College of Engineering & Technology, Pollachi

Vision and Mission of the Institute

Vision

We develop a globally competitive workforce and entrepreneurs

Mission

Dr.Mahalingam College of Engineering and Technology, Pollachi endeavors to impart high quality; competency based technical education in Engineering and Technology to the younger generation with the required skills and abilities to face the challenging needs of the industry around the globe.

This institution is also striving hard to attain a unique status in the international level by means of infrastructure, state-of-the-art computer facilities and techniques

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Vision and Mission of the Office of Dean Research & Innovation

Vision

To become a globally recognized hub of pioneering research and innovation, driving transformative advancements in engineering and technology for the betterment of society.

Mission

- Foster research excellence and innovation, by identifying potential IPR, offering financial support for filing, facilitating revenue sharing from consultancy collaborations, and rewarding faculty through fair incentives.
- Strengthen research interest groups, empower the student research council, and publish the R&I newsletter to promote and celebrate achievements in the domain of research and innovation.
- Disseminate knowledge through the publication of research, knowledge-sharing sessions, seminars, faculty development programs, workshops, inter and intra-college technical symposiums, conferences, and open-house exhibitions.
- Offer state-of-the-art research facilities and resources to facilitate interdisciplinary research projects, secure research funding, conduct research with industry partners, and carry out PhD works.
- Review Ph.D. scholars' progress, department R&I activities, ongoing externally funded projects, in-house R&D projects, and institute innovation council.

Index

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- Consultancy
- Funded project
- Patent
- PhD Admission
- Other R&I related Forms

Consultancy

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Process Flow & Forms

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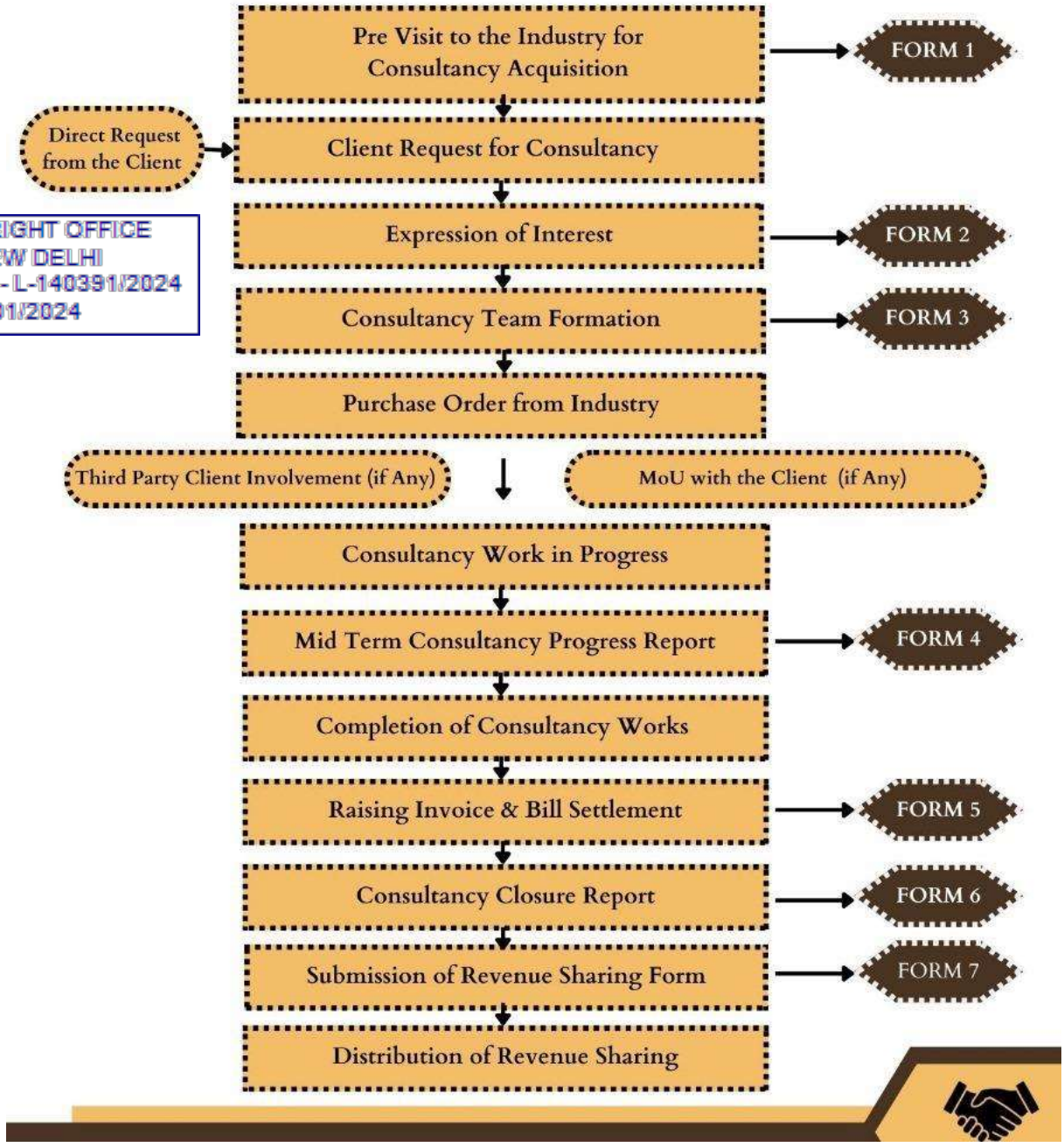
Office of Dean - Research & Innovation

Consultancy Projects Work Process



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Consultancy FORM 1

Pre Visit to the Industry for Consultancy Acquisition

Date:

Name of the Faculty:	
Name of the Department:	
Name of the Industry to Visit:	
Address of the Industry:	
Contact Person Name and Designation:	
Contact Person Contact Number and Mail Id:	
Whether MoU/ Agreement Signed with the Client (Attach, if any):	**Signed / Not Signed**
Whether Approach the Industry related to Third Party Involvement:	**YES / NO**
Date of the Visit:	
Accompanying Faculty Name (If Any):	
Tentative Field of Consultancy Acquired:	

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Signature of the Faculty Members:

1.

2. **Head of the Department**

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Consultancy FORM 2

Expression of Interest for Consultancy Project

Date:

Name of the Faculty:		
Designation:		
Name of the Department:		
Date of Joining & Experience in Years		
No. of Consultancy Project Completed	Last 3 AYs:	This AY:
No. of Consultancy Project Ongoing		
Is this Consultancy Project Acquired by You?	**YES/ NO**	
Whether this Consultancy Project Comes under Your Area of Expertise?	**YES/ NO**	
Did you already work		
Title of the Consultancy Project:		
Name & Address of the Client:		

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I express my willingness for this consultancy work and I will ensure that this won't affect my regular Department and Institutional level responsibilities.

Signature of the Faculty

Recommendations of HOD

Signature of the HOD

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Consultancy FORM 3

Approval of Consultancy Project

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Duration of the Consultancy Project:	**Date of Commencement**_____ **Expected Date of Completion**_____
Whether MoU/ Agreement Signed with Client (Attach, if any):	**Signed / Not Signed**
Purchase Order No./Reference letter from the agency/client attached:	**YES / NO**
Location of the Consultancy Project:	**Internal / External** If External _____
Usage of Institution Resources: *If Institution resources are utilized - 60:40 ratio 60% to the institution and 40% as an incentive otherwise 40:60*	**YES / NO**

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Details of Faculty and Supporting team involved in the Consultancy Project:

Name of the Faculty / Supporting Staff	**Designation and Department**	**Signature**

Head of the Department

ıcy R&I Coordinator **DEAN – R&I** **PRINCIPAL**

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Consultancy FORM 4

Mid Term Progress Report for Consultancy Works
(For More than 6 Month Duration Projects)

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client / Funding Agency Details:	
Location:	
Starting Date of the Consultancy work:	**Internal / External** If External _____
Usage of Institution Resources: *If Institution resources are utilized - 60:40 ratio 60% to the institution and 40% as an incentive otherwise 40:60*	**YES / NO**
Percentage of Work Completed	
Amount received from the agency/client (Rs): (If Any)	
Date of Completion	

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Consultancy Faculty Team:	
Brief Progress Report of the Consultancy Work (Attach Separate Sheet)	**Provide Major Tasks Completed:**
Details of the remaining tasks to be completed	

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Name and Signature of the Faculty Team

1.

2.

3.

Comments from HOD: **Head of the Department**

Consultancy Coordinator

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Raising Invoice and Bill Settlement

Consultancy FORM 5

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Duration of the Consultancy Project:	**Date of Commencement_____** **Expected Date of Completion_____**
Completion status: (*Invoice can be raised only after 100% of completion of the work)*	**YES / NO**
Whether Invoice request received from the agency? (*Attach the Mail Copy)*	**YES / NO**
Total amount for the Consultancy Work *(Mention both in words and figure)*	
GST (Add 18%) *(Mention both in words and figure)*	
Total Amount including GST *(Mention both in words and figure)*	

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Name and Signature of the Faculty Team

1.

2.

3.

the Department **DEAN – R&I** **PRINCIPAL**

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Consultancy FORM 6

Consultancy Closure Report

Date:

Name of the Department:	
Consultancy Work Title:	
Client / Funding Agency Details:	
Contact Person Details (Name, Designation, Mobile No. and Mail Id)	
Location	
Period of the Consultancy work:	
Consultancy Faculty Team:	
Purchase Order No./Reference letter from the agency/client attached:	**YES / NO** **Details:**
nt of Any Third Party Client	**YES / NO** **If Yes, Details**

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Whether MoU/ Agreement Signed with Client (Attach, if any):	**Signed / Not Signed** **If Signed, Details of Percentage of Sharing**
MCET Invoice No. with date:	
Total Amount received from the agency/client (Rs):	
Amount received from the agency/client (Rs):	**YES / NO**
Copy of the final report attached	**YES/ NO** (If No, attach the Abstract of the Report)
Closure Report from the Client Received (Attach Report from their letterhead or Mail if Any)	**YES / NO**

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Declaration:

We assure you that, we have successfully completed the work to the fullest satisfaction of the client/vendor and will support them in further process if necessary.

Name and Signature of the Faculty Team

1.

2.

3.

Head of the Department

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Consultancy FORM 7

Consultancy Work Incentive (Revenue Sharing) – Claim Form and Checklist
(Please use only ONE form per Work even if faculty members are from different departments)

Details of Consultancy Work and Revenue Sharing:

Claim for the Academic Year	JUNE _____ to MAY _____
Consultancy Work Title:	
Client / Funding Agency Details:	
Location:	*Internal / External* Details If, External:
Purchase Order No./Reference letter from the agency/client with date: *(Please give No. & Date of the purchase order for the amount and period (phase by phase))*	
MCET Invoice No. with date: *(Please give No. & Date of the invoice for the amount and period (phase by phase))*	
Duration of the work: *(Please mention the start month/date and month/end date)*	
Completion status: *(Incentive can be claimed only after 100% of npletion of the work and 100% of the revenue generated).*	*Yes/No*
nether Closing report Received from the agency?	*Yes/No (Pl. enclose a copy)*
nount mentioned in the invoice (Rs.):	

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Total Amount received from the agency/client (A) (Rs): *(Mention both in words and figure)*	
Total amount spent for the consultancy (B) (Rs): *(Mention both in words and figure)*	
Net Total Revenue Generated from the consultancy (C=A-B) (Rs): *(Mention both in words and figure)*	
Usage of Institution Resources: • *If Institution resources are utilized - 60:40 ratio 60% to the institution and 40% as an incentive otherwise 40:60*	*Yes/No*
Eligible Generated Revenue to be shared (D)(Rs): *(Mention both in words and figure)* D= 0.6*C *(if institution resources are not utilized)* D= 0.4*C *(if institution resources are utilized)*	
Department's Faculty Team share of the incentive (E=0.75*D) (Rs): *(Mention both in words and figure)*	
Department's Supporting Staff Team's share of the incentive (F=0.15*D) (Rs): *(Mention both in words and figure)*	

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Check-List & Recommendation

(Please provide Hard and Soft Copy of the below-mentioned details)

- ☐ Purchase order from the agency/client.
- ☐ Proof of Financial Transactions
- ☐ MCET Invoice *(Completed)*
- ☐ Details of the amount spent
- ☐ Copy of the final report
- ☐ Amount Sanction Order

I/we assure you that the above-mentioned details are correct. I/we declare that the incentive for the above-mentioned consultancy work was not claimed previously and it will not be claimed in MCET in the future.

I/we declare that the institution's resources are (not) utilized and I/we are sharing the Net revenue generated and among all the faculty and supporting staff involved as per the below mentioned table.

Name (S) of the Faculty Team and Supporting Team		Designation & Department	Claim Amount	Signature with Date	Recommendations of HoD
Faculty Team (Max of E Rs.)	1.				**Verified/Not Verified** _____ **(Signature of HoD)**
	2.				
	3.				
	4.				
Supporting Staff	1.				**Verified/Not Verified** _____ **(Signature of HoD)**
	2.				

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For office Use Only

The above mentioned financial details regarding this consultancy works are verified as per the office records and found correct.

As our office records the following details are provided

Title of the work: _____

Agency Name: _____

Department(s) involved: _____

The total revenue generated (in Rs.): _____(in words)

Net revenue generated (in Rs.): _____ (in words)

Total Consultancy Share for faculty team (in Rs.): _____ (in words)

Total Consultancy Share for supporting team (in Rs.): _____ (in words)

Total Consultancy Share for MCET Office (in Rs.): _____ (in words)

Total Consultancy Share for Central Office (in Rs.): _____ (in words)

Signature of MCET Office Manager **Signature of Central Office Manager**

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Approvals

S.No	Revenue Sharing	Amount Claimed	Amount Sanctioned
1.	Faculty Team		
2.	Supporting Staff involved *(if any)*		
3.	MCET Office		
4.	Central Office		
	Total Amount		

Signature of the Consultancy works R&I Coordinator

Signature of the Dean R & I

Signature of the Principal

Signature of the Secretary

NORMS FOR SHARING OF CONSULTANCY REVENUE

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Net revenue received for consultancy	Institution resources are utilized	60:40 ratio 60% to the institution 40% as an incentive
	Institution resources are not utilized	40:60 ratio 40% to the institution 60% as an incentive
Norms for the distribution of Incentive		
Faculty team members handling the consultancy		75%
Department supporting staff involved in the consultancy work		15%
MCET Office		5%
Central Office		5%

Funded Projects

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- Extramural Project Funding
- Extramural Seminar Grant
- Inhouse R&D

Extramural Project Funding

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Process Flow & Forms

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Extramural Funding _R&D Project Work Flow Process

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Periodic Circulation of Call for Proposal by Dean R&I Office / Sponsoring agencies advertisement & Announcement in their website

↓

Approval for Submission of Proposal to Funding Agency ---- FORM 1

↓

Submission of Outcome of Project Submission to Dean R&I Office ---- FORM 2

↓ After Approval

Initiation of Purchase of Equipment ---- FORM 3

↓

R&D Project In-progress

↓

Periodical Review Meeting ---- FORM 4, PPT

↓

Completion of R&D Project

↓

Outcome of the Project: Patent/ Indexed Journals

↓

Submission of Report & UC ---- FORM 5 & 6

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Office of Dean Research and Innovation

Extramural Project Funding FORM 1

APPROVAL REQUEST FORM - SUBMISSION OF PROJECT GRANT PROPOSAL

Date:

Academic Year	JUNE _____ to MAY _____	
Name of the Department		
Name of the Agency		
Name of the Funding Scheme		
Title of the Project		
Duration of the Project		
Name and Designation of the PI		
Name and Designation of the Co-PI		
Details of Project Staff (if applicable)	JRF/SRF/Others(Pl. Specify)	
Details of Collaborating Industries if any		
Sponsorship Amount Requested in Rs.	Equipment Grant	
	Project Staff	
	Travel Grant	
	Contingency	
	Total	
Copy of the filled in Proposal	Pl. Enclose as Annexure 1	
Copy of the Plagiarism Report of the proposal	Pl. Enclose as Annexure 2	
Number of ongoing Funded Projects		
Number of Seminar Grants Received during this AY		
Number of Funded Projects Submitted during this AY		
Number of Seminar Grants Submitted during this AY		
Mode of Submission	Online/ Offline	

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Kindly permit us to submit the above mentioned proposal. We assure you that this proposal is prepared as per the guidelines of the funding agency.

Name Signature of the Investigator (s) **Signature of the HoD**

Dean (R&I) **Principal**

Secretary

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Office of Dean Research and Innovation

Extramural Project Funding FORM 2

OUTCOME OF PROJECT PROPOSAL SUBMISSION

Date:

Title of the Project	:	
Name of the Funding Agency	:	
Name of the Scheme	:	
Details of PI & Co- PIs (Name, Designation & Dept.)	:	
Duration of the Project	:	
Total Cost (Rs.)	:	
Date of submission	:	
Outcome of the Project Submission (Tick the appropriate one)	:	A) Presentation Visit Completed ☐ B) Received Sanctioned Order ☐ C) Not sanctioned ☐
Details of Project Presentation	:	Date of presentation: Mode of presentation : Online/ Offline Venue:
Submission of Communication for not sanctioning the project	:	Enclosed (Ye/No)
Submission of Communication for presentation	:	Enclosed (Ye/No)
Submission of Sanctioned Order	:	Enclosed (Ye/No)

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Signature of the Project Investigator **Signature of the Co-Project Investigators**

Head of the Department **Dean – R&I** **PRINCIPAL**

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Extramural Project Funding FORM 3

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PURCHASE OF EQUIPMENT FORM – EXTRAMURAL FUNDING R&D PROJECT

Date:

Note: This form is applicable only for getting the approval from MCET. The Investigators are advised to strictly follow the funding agencies guidelines / norms for purchase of equipment's.

A. PROJECT DETAILS

Name and Designation of the PI	:	
Name and Designation of the Co-PIs	:	
Project Staff details (Name & Designation)	:	
Name of the Department	:	
Title of the Project	:	
Letter No. & Sanctioned Date	:	
Funding Agency	:	
Duration of the Project	:	
Total Cost (Rs.)	:	
on copy (Minimum 3 vendors)	:	Enclosed (Yes/No)

B. TECHNICAL AND FINANCIAL COMPARATIVE STATEMENT FOR PURCHASE OF EQUIPMENT'S

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S. No.	Name of the equipment	Specifications	Quantity required	Details of Vendors and Price(Including GST)			Recommended Vendor	Cost of equipment (Rs.) (Including GST)	Remarks for recommendation
				Vendor L1: ___	Vendor L2: ___	Vendor L3: ___			
1				Rs.	Rs.	Rs.			
2									
							Total Cost(Rs.)		

C. PURCHASE COMMITTEE DETAILS

Committee Member	:	Name, Designation and Signature
Principal Investigator	:	
Co- Principal Investigator	:	
Head of the Department	:	
Allied branch HoD	:	
Dean A&A	:	
Dean R&I	:	
Principal	:	
External Member (if any, as per the funding agency norms& regulations)	:	

D. BUDGET DETAILS*

Based on the recommendation by the purchase committee, we would like to purchase the above mentioned equipment to carry out my External R&D Project. Budget details are given below:

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Particulars	Details of account in which amount released by the agency	Total Amount released (Rs.)	Total Amount available in the project account (Rs.)	Sanctioned Budget for Purchase of equipment (Rs.) (as per sanctioned order)	Management contribution for equipment purchase if any (Rs.)	Actual amount spent for purchase of equipment till date Rs.	Any excess amount spent for purchase of equipment (if any) Rs.	Available balance under equipment head (Rs.)	Total Available balance for the project (Rs.)	Now Requested Rs.

*Cost including GST as per GoI & follow International logistics.

We kindly permit us to release the Purchase Order (PO) after final negotiation with the recommended vendor.

Approval is requested for purchase of the above mentioned equipment.

SIGNATURE OF THE PI **SIGNATURE OF THECO- PIs** **HEAD OF THE DEPARTMENT**

DEAN – R&I **PRINCIPAL**

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Extramural Project Funding-FORM 4

PERIODICAL REVIEW FORM – EXTRAMURAL FUNDING R&D PROJECTS

Date:_____

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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 ☐	No ☐

Name and Signature of PI **Name and Signature of Co-PIs**

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Name and Signature of HoD **Dean (R&I)** **PRINCIPAL**

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Extramural Project Funding FORM 5

REPORT – EXTRAMURAL FUNDING R&D PROJECTS

Date:

A. GENERAL INFORMATION:

1. Title of the project:

2. Name and Designation of PI:

3. Name and Designation of Co-PIs:

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4. Name and Designation of Project staffs:

5. Name of the funding agency:

6. Approval letter No. & Date:

7. Date of implementation:

8. Tenure of the project:

9. Total grant allocated:

10. Total amount spent during the period of the project:

B. SCIENTIFIC/TECHNICAL INFORMATION

(Attach the report as per the funding Agency template)

C. OUTCOME OF THE PROJECTS

1. Video of implemented project(Working model) :

   To be Enclosed in DVD/CD (DVD/CD should contain both photographs and videos)

2. Photographs of the implemented project (Working model):

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3. Research publications

4. Patents

5. Any other noteworthy deliverables out of project

Name and Signature of PI **Name and Signature of Co-PIs**

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Signature of HoD **Dean (R&I)** **PRINCIPAL**

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Extramural Project Funding- FORM 6

UTILIZATION CERTIFICATE(UC) – EXTRAMURAL FUNDING_ R&D PROJECTS

Date:

Title of the Project	:	
Details of PI	:	Name: Designation Dept:
Details of Co-PIs	:	1. 2. 3.
Details of Project Staff	:	Name : Designation:
Name of the Funding agency	:	
Name of the Scheme	:	
Budget Sanctioned (Rs.)	:	
Sanctioned Letter No. & Date	:	
Amount utilized(Rs.)	:	
Amount received from management (Rs)	:	Purpose : Amount:
Unutilized amount (Rs.) – sanctioned by the agency	:	Unutilized Amount: Reason (Why it is not used):_____
Unutilized amount (Rs.) – Management Contribution	:	Unutilized Amount: Reason (Why it is not used):_____
Institutional overhead amount claimed or not	:	Amount:_____ Claimed : (Yes /no) Describe-why it is not claimed:_____
Utilization Certificate (as per the Funding agency template)	:	Enclosed (Yes/ No)

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Name and Signature of PI **Name and Signature of Co-PIs**

Name and Signature of HoD **Dean (R&I)** **PRINCIPAL**

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Extramural Seminar Grants

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Process Flow & Forms

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Extramural Funding – Seminar, Workshop, FDP, STTP etc Work Flow

Periodic Circulation of Call for Proposal by Dean R&I Office / Sponsoring agencies advertisement & Announcement in their website

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Approval for Submission of Proposal to Funding Agency ---- FORM 1

↓

Submission of Outcome of Proposal Submission to Dean R&I Office ---- FORM 2

↓ After Sanctioned

Approval for conducting the programme ---- FORM 3

↓

Completion of the Programme (FDP/ STTP/SEMINAR etc)

↓

Outcome of the Programme: Research Collaboration / Networking

↓

Submission of Report ---- FORM 4

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

(An Autonomous Institution)

Office of Dean Research and Innovation

Extramural Seminar Grant
FORM 1

APPROVAL REQUEST FORM – SUBMISSION OF FDP/STTP/ WORKSHOP PROPOSAL etc

Academic Year	JUNE _____ to MAY _____			
Name of the department				
Name of the Agency				
Title of the Event				
Duration & Date(s) of the Event				
Name and Designation of the Faculty member(s) applying this grant as coordinator(s)				
Total Estimated Expenses (A) in Rs.				
Expected number of Participants		MCET	Others	Total
	Faculty			
	Students			
	Industry Persons			
	Total			
Sponsorship Amount Requested through this proposal (B) in Rs.				
Estimated Income through Registration Fees (C) in Rs.				
Sponsorship Amount Requested from other funding agencies (D) in Rs.				
Any other source of income (Pl. mention) (E) in Rs.				
Estimated Total Income (F=B+C+D+E) in Rs.				
Contribution from the Management	Yes/No If Yes Rs._____ If No (A-F) Rs._____			
Tentative Budget with breakups	Pl. Enclose as Annexure 1			
Profile of the Resource Persons along with email and mobile numbers	Pl. Enclose as Annexure 2			
Tentative Schedule of the Event	Pl. Enclose as Annexure 3			
Brochure of the Event	Pl. Enclose as Annexure 4			
the filled in Proposal	Pl. Enclose as Annexure 5			
the Plagiarism Report of osal	Pl. Enclose as Annexure 6			

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Number of Ongoing Funded Projects	
Number of Seminar Grants Received during this AY	
Number of Ongoing Funded Projects Submitted during this AY	
Number of Seminar Grants Submitted during this AY	
Mode of Submission	Offline / Online

Kindly permit us to submit the above mentioned proposal. We assure you that we have got the concurrences from the resource persons and this proposal is prepared as per the guidelines of the funding agency.

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Name Signature of the Coordinator(s) **Signature of the HoD**

Dean (R&I) **Principal**

Secretary

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003
(An Autonomous Institution)
Office of Dean Research and Innovation

Extramural Seminar Grant- FORM 2

OUTCOME OF FDP/WORKSHOP/FDP ETC PROPOSAL SUBMISSION

Date:

Title of the Proposal	:	
Name of the Funding Agency	:	
Name of the Scheme	:	
Details of Coordinator and Co-Coordinator (Name, Designation & Dept.)	:	
Duration of the Programme	:	
Total Cost (Rs.)	:	
Date of submission	:	
Outcome of the Proposal Submission (Tick the appropriate one)	:	A) Received Sanctioned Order ☐ B) Not sanctioned ☐
Submission of Communication for not sanctioning the proposal	:	Enclosed (Ye/No)
Submission of Sanctioned Order	:	Enclosed (Ye/No)

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Signature of the Coordinators **Head of the Department**

Dean – R&I **PRINCIPAL**

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Office of Dean Research and Innovation

Extramural Seminar Grant- FORM 3

APPROVAL FORM FOR CONDUCTION OF SPONSORED SEMINAR/FDP/WORKSHOP etc – EXTRAMURAL FUNDING

Date:_____

A. Coordinator & Event Details		
1.	Title of FDP/Workshop/FDP etc	
2.	Funding Agency	
3.	Name of the Scheme	
4.	National /International Programme	
5.	Name & Designation of Coordinator	
6.	Name & Designation of Co-Coordinators	
7.	Duration of Programme	
8.	Amount received from funding agency (Rs.)	
9.	Sanctioned date and letter No.	Date: Letter No.:

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B. Resource Person Details			
S.No	**Name of the Resource Person**	**Designation, Department & Institution**	**Contact Number and Mail ID**
1.			
2.			
3.			

C. Outcome of the Programme
At the end of this Programme the participants will be able to: 1. 2. 3.

D. Details of Participants			
	Students	**Faculty**	**Industry Person**
Internal nts			**NA**
al nts			

E. BUDGET FOR THE PROGRAMME

E1. TOTAL INCOME GENERATION:

Sanctioned Amount (Rs.)	Income generated through Registration Fee (Rs.)	Any other income (if any)	Total Income(Rs.) (E1)

E2. TOTAL EXPENDITURE:

S.No.	Name of the item	Quantity /Person	Rate/Unit	Total Cost (Rs.) (E2)	Mode of arrangement/ Remarks	Amount by Funding agency / Management Contribution
1						
2						
3						
		Total				

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Total income generated (Rs.) E1	Total Expenditure (Rs.) E2	Management contribution over and above (Rs.) E1-E2

Particulars	Details of account in which amount released by the agency	Amount Sanctioned (Rs.)	Available amount in the account (Rs.)	Management contribution for conduction of programme if any (Rs.)	Now requested (Rs.)
Title of the programme as per sanctioned order					

Budget details - Management contribution (Budget for the FY 20_ to 20_ (Phase –I/II)

Particulars	Proposed Budget Rs.	Actual Spent till date Rs.	Available budget Rs.	Now requested Rs.
2.Seminar, Conference, Training : (a) Management contribution of expenses over and above the income through registration fee and Sponsorship for Organizing Seminar/ Workshop / Conference etc.,				

We request your approval for the conduction of the above programme.

Encl:

a) Brochure
b) Detailed schedule
c) Screenshot proof after uploading the brochure in the MCET website.

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Coordinators **Budget Coordinator** **HoD**

Dean R&I **Principal**

Secretary

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Office of Dean Research and Innovation

Extramural Seminar Grant
FORM 4

INTERNAL REPORT – EXTRAMURAL FUNDING WORKSHOP/FDP etc

Date:

1. **Title of the FDP/Conference/Workshop/FDTP/STTP etc:**

2. **Details of Coordinator/Co-Coordinator:**
   a. Name and Designation of Coordinator
   b. Name and Designation of Co-Coordinators:
3. **Name of the funding agency:**
4. **Type of funding(Conf. / STTP/ FDP etc):**
5. **Amount sanctioned(Rs.):**
6. **Sanctioned Letter No. & Date:**
7. **Date of Sanctioned:**
8. **Amount utilized(Rs.) (funded by agency):**
9. **Amount received from management (Rs):**
10. **Description of the FDP/Conference/Workshop/FDTP/STTP etc**

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11. **Details of FDP/Conference/Workshop/FDTP/STTP etc:**

a. Details of resource person

Name	Designation	Affiliation details

b. No. of internal participants:

No. of Students:

No. of Faculty members:

c. No. of external participants:

No. of Students:

No. of Faculty members:

No. of Industry persons:

d. Details of topics delivered

Date and Session	Topic	Resource person

12. **Outcome of the FDP/Conference/Workshop/FDTP/STTP etc:**

13. **Photographs of the events:**

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14. **Funding Report & Utilization Certificate :**

(Attach the report & Utilization Certificate as per the funding Agency template)

15. **Complete Details of the programme as CD/DVD – to be enclosed**

16. **Social media posting of the events (screen shots)**

17. Budget details

Total income generated (including sponsorship, registration fee etc) Rs.	Total expenditure* (Rs.)	Management contribution requested (Rs.)	Management contribution utilised (Rs.)

* Detailed expenditure split up to be provided

Note: Attach the approval copy for conduction of programme.

Coordinators **HoD**

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Dean R&I **Principal**

Secretary

Inhouse R & D

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Process Flow & Forms

Dr. MAHALINGAM
COLLEGE OF ENGINEERING AND TECHNOLOGY
Udumalai Road, Pollachi, Coimbatore District 642003
Estd. 1998 | AICTE Approved | Affiliated to Anna University
An Autonomous Institution Since 2011
(A DIVISION OF NIA EDUCATIONAL INSTITUTIONS)

Office of Dean - Research & Innovation

Seed Money for In-house R&D Project Work Flow Process

Submission of Proposal Seeking Seed Money In-house R&D project (open throughout the year) — FORM 1

↓

Project Presentation (Internal R&I Committee) — FORM 2, PPT

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↓ After Approval

Submission of Acknowledgment Form — FORM 3

↓

Initiation of Purchase of Equipment — FORM 4

↓

R&D Project In-progress

↓

Periodical Review Meeting — FORM 5, PPT

↓

Completion of R&D Project

↓

Outcome of the Project: Patent/ Indexed Journals/ Conferences

↓

Submission of Report & UC — FORM 6 & 7

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

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Office of Dean Research and Innovation

In- house R&D
FORM 1

SUBMISSION OF PROPOSAL SEEKING SEED MONEY

IN-HOUSE R&D PROJECT

Date:

I. PERSONAL DETAILS

Details of the Faculty Incharge:

Name & Emp. ID	Designation	Qualification	Department	E-mail	Contact No	Date of Joining

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II. TECHNICAL DETAILS

1. Title of the project:

2. Duration of the project:

3. Total cost of the project:

4. Abstract of the project (Maximum 250 words):

5. Objectives:

6. Methodology (Maximum 2 pages including Tables, Figures, and other technical details):

7. Timelines/Gantt chart:

8. Budget (please enclose a copy of the quotation):

S.No.	Item	Amount
1		
2		
3		
4		
5		
	Total Amount	

9. Expected outcome (Potential for External Funding, Patent, etc.):

III. DECLARATION

I assured that this proposal submitted for the In-house scheme is original and all the details provided are correct. I assure you, I will successfully complete the project as per the guidelines of the in-house R&D scheme.

Name & Signature of the Faculty with date

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Recommendation of HoD:

Name & Signature of HoD with Date

For Office use:

Shortlisted for presentation: Yes/No

Proposals Approved: Yes/No

Details of the Approval:

Date:

Amount:

Duration:

DEAN R&I **PRINCIPAL**

SECRETARY

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean Research and Innovation

In- house R&D
FORM 2

PROJECT PRESENTATION – IN HOUSE R&D PROJECT

Date:

Name and Designation of the faculty Incharge	:	
Name of the Department	:	
Title of the Project	:	
Duration of the Project	:	
Total Cost (Rs.)	:	
Complete details of the Project (as PPT)	:	Enclosed (Yes/No)

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Signature of the Faculty Incharge **Head of the Department**

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In- house R&D FORM 3

ACKNOWLEDGMENT FORM - SEED MONEY

IN-HOUSE R&D PROJECT

Date:

Name and Designation of the Faculty Incharge	:	
Name of the Department	:	
Title of the Project	:	
Letter No. & Sanctioned Date	:	
Duration of the Project	:	
Total Cost (Rs.)	:	

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With reference to the above, I hereby accept the R&D research seed money for the project. I thank the Management, Principal, Dean R&I and HoD for providing me the opportunity. I will abide the rules and regulations of our institution and carry out the project work within the stipulated time.

Signature of the Faculty Incharge **Head of the Department**

Dean – R&I **PRINCIPAL**

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In- house R&D
FORM 4

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PURCHASE OF EQUIPMENT FORM - SEED MONEY IN-HOUSE R&D PROJECT

Date:

A. PROJECT DETAILS

Name and Designation of the Faculty Incharge	:	
Name of the Department	:	
Title of the Project	:	
Letter No. & Sanctioned Date	:	
Duration of the Project	:	
Total Cost (Rs.)	:	
Quotation copy (Minimum 3 vendors)	:	Enclosed (Yes/No)

B. TECHNICAL AND FINANCIAL COMPARATIVE STATEMENT FOR PURCHASE OF EQUIPMENT'S

S. No.	Name of the equipment	Specifications	Quantity required	Details of Vendors and Price(including GST)			Recommended Vendor	Cost of equipment (Rs.) (including GST)	Remarks for recommendation
				Vendor L1: ___	Vendor L2: ___	Vendor L3: ___			
1				Rs.	Rs.	Rs.			
							Total Cost(Rs.)		

C. DEPARTMENT PURCHASE COMMITTEE

Committee	:	Name, Designation and Signature
Head of the Department	:	
Programme Coordinator	:	
Project Coordinator	:	

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D. BUDGET DETAILS

Based on the recommendation by the department purchase committee, I would like to purchase the above mentioned equipment to carry out my In-house R&D Project. Budget details are given below:

Particulars	Proposed Budget Rs. (as per sanctioned order)	Actual amount spent till date Rs.	Available balance Rs.	Now Requested Rs.

Approval is requested for the above mentioned equipment.

SIGNATURE OF THE FACULTY INCHARGE **HEAD OF THE DEPARTMENT**

DEAN – R&I **PRINCIPAL**

SECRETARY

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Office of Dean Research and Innovation

In- house R&D
FORM 5

PERIODICAL REVIEW FORM – IN HOUSE FUNDED PROJECTS

Date:

A. Faculty Details		
1.	Name of Faculty Incharge	
2.	Designation	
3.	Department	

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B. Project Details			
1.	Project Title		
2.	Project sanction reference no with date		
3.	Project Duration		
4.	Budget Sanctioned		
5.	Percentage of Fund Utilization (as on date)	Percentage of work done:___ (Attach one page report of work done)	
6.	Outcome of the project (as on date)	Publications	Patent
		Count :__ Attached proof (Yes/No)	Count :__ Attached proof (Yes/No)
7.	Any Extension required	Yes / No	
8.	Review PPT	Enclosed (Yes /No)	

Name and Signature of Faculty Incharge **Name and Signature of HoD**

Dean (R&I) **Principal**

Secretary

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

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Office of Dean Research and Innovation

In- house R&D
FORM 6

REPORT – IN HOUSE FUNDED PROJECTS

Date:

A. GENERAL INFORMATION:

1. Title of the project:

2. Name and Designation of Faculty Incharge:

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3. Approval letter No. & Date:
4. Date of implementation:
5. Tenure of the project:
6. Total grant allocated:
7. Total amount spent during the period of the project:

B. SCIENTIFIC/TECHNICAL INFORMATION

8. Abstract of the project:

9. Summary of the work carried out:

10. Introduction – Background and Objectives:

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11. Whether objectives were achieved : (YES/NO)

12. Techniques and methods employed for the investigation/study including details of development of the software:

13. Details of the equipment's purchased:

S.No.	Name of the equipment purchased	Bill No.	Date of purchase	Amount Rs.

14. Discussions & Interpretation of the results:

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15. Deliverables:

16. Publications /patents/Funded Projects/ Indexed conferences

17. Conclusions:

18. Video of implemented project(Working model) :

To be enclosed in DVD/CD- Contains both photographs and Videos

19. Photographs of the implemented project (Working model):

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20. Future Scope of the project:

Signature of Faculty Incharge **Head of the Department**

Dean R&I **Principal**

Secretary

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Office of Dean Research and Innovation

In- house R&D
FORM 7

UTILIZATION CERTIFICATE(UC) – IN HOUSE FUNDED PROJECTS

Date:

Title of the Project	:	
Name of the Faculty Incharge	:	
Designation of Faculty Incharge	:	
Name of the Department	:	
Name of the Scheme	:	MCET Seed Money (In-house R&D project)
Budget Sanctioned (Rs.)	:	
Sanctioned Letter No. & Date	:	
Amount utilized(Rs.)	:	

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CERTIFICATE

Certified that the grant of Rs._____(in words) was received from the MCET management during the financial year _____ under the scheme MCET Seed Money In-house R&D project entitled "_____" vide MCET letter No. _____, dated_____, an amount of Rs._____ has been fully utilized for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by MCET.

Signature of Faculty Incharge **Head of the Department**

Signature of the Finance Officer **Dean R&I** **PRINCIPAL**

SECRETARY

Patent

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Process Flow & Forms

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COLLEGE OF ENGINEERING AND TECHNOLOGY
Enlightening Technical Minds

Dr. MAHALINGAM
COLLEGE OF ENGINEERING AND TECHNOLOGY
Udumalai Road, Pollachi, Coimbatore District 642003
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Office of Dean - Research & Innovation

Intellectual Property Rights (IPR) Process Flow

Invention Disclosure → Form-1

↓

Financial Support for Filing the IPR → Form-2

↓

Inventor Agreement → Form-4, Form-3

Form 3: IPR Status Update

↓

Processing FER → Form-5, Form-3

↓

Claim for After Grant of IPR → Form-6

↓

Financial Support for Renewal the IPR → Form-7, Form-3

↓

Technology Commercialization → Form-8

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IPR FORM 1

Invention Disclosure Form for Intellectual Property Rights (IPR)

Date:

Academic year	
Name of the Department:	
Title of Invention:	
Type of IPR	□ Design □ Patent □ Copyrights □ Trade Mark
Inventor Details <Designation, Department, office Address>	Enclosure : Annexure 1
New Features for Invention	1. 2. 3.
Prior Art Search made, if any	Enclosure : Annexure 2
Publication made, if any	If Yes Enclosure in Annexure 3
Brief write about IPR	Enclosure : Annexure 4
Status of Work: (% of Completion)	

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Signature of the Inventor:
(1st inventor behalf all inventor)

Head of the Department **IPR Coordinator**

Dean – R&I **PRINCIPAL**

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

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IPR FORM 2

Office of Dean – Research & Innovation

Request Form for Financial Support for Filing the IPR

Date:

Name of the Department:		
Name of the Inventors with Designation and Address	Enclosure : Annexure 1	
Title of Invention:		
Novelty	Enclosure : Annexure 2	
Field of Invention	Enclosure : Annexure 3	
Objective of Invention:	Enclosure : Annexure 4	
Description about the Invention	Enclosure : Annexure 5	
Background of the Invention and Prior Art	Enclosure : Annexure 6	
Fees (Including GST) **MCET approved patent agent only**	**Patent agent Fee for drafting** (Including GST)	**Rs:**
	Patent Office Fee(Including GST)	**Rs:**
	Total : Rs	**(in words):**

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Department	Particulars	Proposed budget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	Patent				

Signature of the Inventor:
(1st inventor behalf all inventor)

Budget Co-Ordinator **Head of the Department** **IPR Coordinator**

Dean – R&I **Principal**

SECRETARY

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

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Office of Dean – Research & Innovation

IPR
FORM 3

IPR Status Update

Date:

Name of the Department:	
Name of the Inventors with Designation and Address	Enclosure : Annexure 1
Title of Invention:	
Application Number	
Application Status	Filed with date : Yes / No (Date:)
	Published with date :Yes / No (Date:)
	FER Filed with date: Yes / No (Date:)
	Under examination with date: Yes / No (Date:)
	Grant with date : Yes / No (Date:)
	Renewable Period : Yes / No (Date:)

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Signature of the Inventor:

(1st inventor behalf all inventor)

Head of the Department **IPR Coordinator**

Dean – R&I

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(First Page to be Printed in 100 Rupees Non-Judicial Stamp Paper)

INVENTORS AGREEMENT

IPR
FORM 4

THIS AGREEMENT is made at this day of , 20___ , for the invention entitled "_____"

BETWEEN

Dr. Mahalingam College of Engineering & Technology, having address at Dr. Mahalingam College of Engineering & Technology, Udumali Road, Annamalai Nagar,Pollachi-642 004, Coimbatore district , Tamil Nadu, India.

AND

Inventor's Name (s):_____working as a (Designation) _____ in the Department _____ Dr. Mahalingam College of Engineering & Technology, Udumali Road, Annamalai Nagar,Pollachi-642 004, having permanent address at _____, Phone: _____, email id:_____

(add for more inventors if any)

Hereinafter, Dr. Mahalingam College of Engineering & Technology is called as MCET and inventor(s) called individually the « inventor/creator» and collectively the «Parties» and any form of Intellectual Property called «IP»

WHEREAS

The Parties have entered into a common research agreement leading to results potentially patentable or protectable under the Intellectual Property (IP) systems;

It was agreed upon between the Parties that any IP resulting from the common work both of the MCET and inventor/creator then the ownership of the rights shall be settled as per the IPR Policy.

It was further mutually agreed by and between the parties that each should share in the financial and other benefits derived from the use of any such discovery or invention and that the greater part of any net income derived from discoveries or inventions shall be shared and settled as per the IPR Policy.

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Ownership

The IP policy is accepted and approved by all MCET Personnel and authorized person of the Management whom so ever concerned. MCET owns all the Intellectual Property (IP) rights that are developed by MCET personnel and it also owns all the rights funded by the Institute. MCET reserves the right to apply for IP protection in India / throughout the world / specific countries for suitable protection of the IP generated.

Disclosure

Office of Dean Research & Innovation of MCET with the help of the review committee and IP experts will review on a timely basis to evaluate the innovative ideas of the Inventors to guide or proceed for further steps of IP Rights. The Idea owner can decide the members of the team to further develop the innovative creations with funding from the Institute or by themselves based on the decision of MCET.

Commercialization

On obtainment of the IP rights by the Competent Authority of India, MCET recognizes the inventor(s) / creator(s) as a key component for a successful commercialization process. MCET adopts Commercial Non Exclusive licensing as the means to either directly to third parties or through incubation or through licensing agents. In any such case, the IP rights are preferably licensed and not assigned. MCET sometimes reserves its rights to assign the outrated settlement to the Inventors or based on the funding of the project and any other relevant requirements. The Rights of any licensing done by MCET will be decided by the Office of Dean of Research & Innovation, and mutually agreed upon with the Inventors.

License: The revenues earned will be shared with the inventor(s) in a 30:70 ratio. The :o the MCET inventor(s) will be distributed as per the equally with all inventors as per :tor's agreement entered into between the inventors. In the case of multiple MCET

inventors, the default or deceased inventor's royalty share will be shared on an equal basis in the absence of an alternate revenue sharing agreement.

Salient features of the licensing include the following:

Office of Dean Research and Innovation does the periodic review of such Exclusive license indicating the status, application, balance sheet auditing of the Licensor, and royalty generation for continuing such license agreement.

In case of the Creators want to commercialize the creative work in a reasonable time frame, the creator(s) together may approach the principal for the assignment of rights of the invention(s) to them. The creator(s) of the IP Right shall get the appropriate agreements such as the Assignment deed from the Management and MCET, without which the IP rights shall not be transferred on any request.

Infringements, Damages, Liability and Indemnity Insurance

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MCET shall seek indemnity by way of any legal proceedings in case of any infringement of the IP rights by an unauthorized person. Also, the Owner without the consent of the Management in case engaged in utilization of his IP ideas for their development shall also be consider as breach of Non-disclosure agreement signed by the creator(s) and Owner of the IP rights. In such case, MCET shall retain the right to consider such creator(s) under the litigation concerning its IP and license infringements.

Conflict of Interest

The inventor(s) are required to disclose potential conflict of interest while undertaking any IP related activity. If the inventor(s) and/or their immediate family have a stake in a licensee or potential licensee company then they are required to disclose the stake they and / or their immediate family have in the company. An MCET license to a company in which the inventors also have a stake and management role shall be subject to the approval of the principal taking the above consideration into fact. All MCET Personnel shall be bound by the conflict of interest related policy / guidelines of MCET as applicable from time to time.

Dispute Resolution

In case of any disputes between MCET and the inventors/creators regarding the implementation of the IP policy, the aggrieved party may appeal to the principal of MCET. Efforts shall be made to address the concerns of the aggrieved party through the appointment of a committee of experts and the verdict of the Principal is final.

Jurisdiction

All agreements to be signed by MCET will have the jurisdiction of the court in Tamil Nadu and shall be governed by the appropriate laws of India.

SIGNATURES

We, the undersigned, agree to the terms described on this agreement

_____

Inventor/Creator *Date*

_____

Inventor/Creator *Date*

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_____

Inventor/Creator *Date*

_____

Inventor/Creator *Date*

_____

Inventor/Creator *Date*

_____

Inventor/Creator *Date*

_____

Inventor/Creator *Date*

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Request form for Processing FER

IPR
FORM 5

Date:

Name of the Department		
Application Number		
Name of the Inventors		
Title of Invention		
Date of Filing		
FER Copy	Enclosure: Annexure 1	
FER Replied copy	Enclosure: Annexure 2	
Fees (Including GST)	**MCET approved patent agent Fee**(Including GST)	**Rs:**
	Patent Office Fee(Including GST)	**Rs:**
	Total : Rs	**(in words):**

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Department	Particulars	Proposed budget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	Patent				

Signature of the Inventor:

(1st inventor behalf all inventor)

Budget Co-Ordinator **Head of the Department** **IPR Coordinator**

Dean – R&I **Principal**

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Office of Dean Research and Innovation

IPR Incentive – Claim Form and Checklist

(Please use only ONE form per patent grant even if inventors are from different departments)

IPR

FORM 6

a) Patent details:

Claim for the Academic year	JUNE _____ to MAY _____
Title of the Patent:	
Journal No.:	
Name of Patent office:	
Application No.:	
Date of Filing:	
Date of Publication:	
Date of Granting & Patent Number	

b) Details of MCET Inventors:

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S.No.	Name of Inventors		Designation & Department
1.	1st Inventor		
2.	2nd Inventor		
3.	3rd Inventor		
4.	4th Inventor		
5.	5th Inventor		

Check-List

(Please provide Hard and Soft Copy of below mentioned details)

☐ Complete Patent ☐ Proof for Patent Grant

I/ we assured you that above mentioned details are correct. I/we declare that the incentive for above mentioned patent was not claimed previously and it will not be claimed in MCET in future.

S.No.	Name of Inventors		Designation & Department	Claim Amount	Signature with Date	Recommendations of HoD
1.	1st Inventor					**Verified/Not Verified** _____ **(Signature of HoD)**
2.	2nd Inventor					**Verified/Not Verified** _____ **(Signature of HoD)**
3.	3rd Inventor					**Verified/Not Verified** _____ **(Signature of HoD)**
4.	4th Inventor					**Verified/Not Verified** _____ **(Signature of HoD)**
5.	5th Inventor					**Verified/Not Verified** _____ **(Signature of HoD)**

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Date:

Place:

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The details are verified and incentive of Rs. _____ has been recommended.

S.No	Name of the Inventor		Designation & Department	Amount Claimed	Amount Sanctioned
1.	1st Inventor				
2.	2nd Inventor				
3.	3rd Inventor				
4.	4th Inventor				
5.	5th Inventor				
		Total Grant			

Signature of the Publication & IPR Coordinator

Signature of the Dean R & I

Signature of the Principal

INCENTIVE NORMS FOR PATENT GRANT

Granted patent	Rs.7000
Design IPR, Trade Mark, Copy Rights	-

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

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Office of Dean – Research & Innovation

IPR
FORM 7

Renewal form for IPR

Date:

Name of the Department		
Name of Patent office		
Application & Grant Number		
Name of the Inventors <Designation, Department, office Address>	**Enclosure: Annexure 1**	
Plans for Commercializing this Invention	**Enclosure: Annexure 2**	
Title of Invention		
Patent renewal year (3rd to 20 year)		
Renewal Fee(Including GST)	**Patent Office Fee** (Including GST)	**Rs:**
	Total : Rs	**(in words):**

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Department	Particulars	Proposed budget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	Patent				

Signature of the Inventor:
(1st inventor behalf all inventor)

Budget Co-Ordinator **Head of the Department** **IPR Coordinator**

Dean – R&I **Principal**

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Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

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IPR FORM 8

Office of Dean – Research & Innovation

Request Form for Technology Commercialization

Date:

Name of the Department:	
Name of the Inventors with Designation and Address	Enclosure : Annexure 1
Title of the Patent	
Journal Number	
Name of Patent office	
Application Number	
Date of Filing	
Date of Publication	
Date of Granting & Patent Number	
Feasibility study for the commercialization of this invention	Enclosure: Annexure 2
Potential Companies identified for Commercialization	Enclosure: Annexure 3 (with full address and contact number)
Geographical Areas of Commercialization	Enclosure : Annexure 4
Additional facilities to be created	Enclosure : Annexure 5
Revenue to be generated and financial support required (Pl. provide a detailed budbet)	Enclosure : Annexure 6
Duration in Years	

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Signature of the Inventor:

(1st inventor behalf all inventor)

ıd of the Department **IPR Coordinator**

Dean – R&I **Principal**

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Ph.D.

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Process Flow & Forms

Dr. MAHALINGAM MCET
COLLEGE OF ENGINEERING AND TECHNOLOGY
Enlightening Technical Minds

Dr. MAHALINGAM
COLLEGE OF ENGINEERING AND TECHNOLOGY
Udumalai Road, Pollachi, Coimbatore District 642003

Established in 1998 | Approved by AICTE | Affiliated to Anna University

An Autonomous Institution Since 2011
(A DIVISION OF NIA EDUCATIONAL INSTITUTIONS)

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1923 - 2014

Office of Dean - Research & Innovation

Ph.D. Process Flow

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Date 03/01/2024

- **University Ph.D. Admission Notice**
- **Apply for Ph.D. @ MCET** → Form-1
  - Copy of Document Submissions in Dean RI Office:
- If Yes
- **University Ph.D. Process** → Form-2
- If recommended for Ph.D. / Outcome of University Ph.D. Process
- **Provisional Registration** ← Provisional registration order, DC Meeting Minutes
- Form 3: Internal Scholars / Form 4: External Scholars
- **Coursework Enrolment @ MCET** → Form-3 & 4
- **Ph.D. Coursework Continuation** → Form-5
  - For both Internal & External Scholars
- **Ph.D. CCET-I, II & Consolidated Marks Template** → Form-6 & 7
- After Coursework completion
- **Provisional Confirmation** ← Provisional Confirmation order → Form-8
  - Invitation for seminar presentation
- **Half Yearly Progress Report & PPT** → Form-9 & PPT
- **Synopsis Submission** ← Synopsis Acceptance → Form-8
  - Invitation for seminar presentation
- **Thesis Submission** ← Soft copy & 2 Nos. of Hard Copy of Thesis books (A4 Size) → Form-10
  - No dues Form
- **Viva-Voce Notification**
- **Completion of Ph.D.** ← Provisional & Degree Certificate

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Office of Dean Research and Innovation

Ph.D. FORM 1

Form for applying Part time/Full time Ph.D. in AU, Chennai during January/July-20_ _

(Applicable for both Internal and External Scholars)

I. SCHOLAR DETAILS:

A. Personal Details

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Scholar Name, Designation, Department and College		
Date of Birth		
E-mail		
Mobile		
Aadhar No.		
Date of Joining in the present Institution and No. of years of experience in present Institution		
Date of Completion of Probation (If applicable)		
Mode of PhD application: *(Mention Part time(Internal)/ Part time(External)/ Full time(Internal)/ Full time(External))*		
Contact details	**Official:**	**Personal:**

B. Qualification Details

Name of Degree/Qualification**	PG M.E/M.Tech/Others _____	UG B.E/B.Tech/Others _____	Diploma _____
College Studied & Place			
University Name & Place			
Specialization			
Month & year of Passing			
% of Marks			
Part Time / Full Time / Weekend /Evening / Distance			

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C. Experience Details

Experience in	No. of years	From	To	Position / Title	Institution/ Industry	Courses taught / type of industrial work
Teaching						
Industry						

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D. Publications and Training related to the proposed Research Work

1. List and number of Publications related to the proposed Research work : Conference: _____ Journal: _____ during last 2 years

S.No.	Journal (Indexing)	Count
1.	Q1	
2.	SCIE	
3.	Scopus	
4.	Others	

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(Please enclose the list and copy of the Journal and Conference papers)

2. Did you attend Workshops/FTP/Training programs related to the proposed Research work during last 2 years? Yes/No (Please enclose the list)

3. Tentative Topic:
(Enclose one page write-up)

II.SUPERVISOR DETAILS:

A. Personal Details:

Supervisor Name, Designation, Department and College	
Date of Birth	

Mobile		
Year at which Ph.D is awarded		
Faculty		
Experience	**Industry (in Yrs):** **Teaching (in Yrs):**	
Contact details	**Official:**	**Personal:**

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B. Details of scholars doing research under his/her guidance as Supervisor/Joint Supervisor

S.No	Name of the Scholar	Affiliation of the Scholar (Institute Name)	Admission Year and Session	Supervisor/Joint Supervisor	Status

S.No	Name of the Scholar	Affiliation of the Scholar (Institute Name)	Admission Year and Session	Supervisor/Joint Supervisor	Status

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C. **Details of scholars currently applying for Ph.D under his/her guidance as Supervisor/Joint Supervisor**

S.No	Name of the Scholar	Affiliation of the Scholar (Institute Name)	Admission Year and Session	Supervisor/Joint Supervisor

Undertaking from the scholar

I, Mr./Ms: _____ working as _____ of _____ aware of the norms of Dr. Mahalingam College of Engineering and Technology for doing PhD. I assure you that

1. I will conduct my Research during the course of the PhD Program (if selected) with honesty and am aware that the University and MCET will take disciplinary action against me in case of breach of responsible conduct and wrongful publication of my research work.
2. I will follow the latest norms of both University and MCET.

Signature of the Scholar

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Date 03/01/2024

Recommendations to do Part time/Full time Ph.D. in AU, Chennai during January/July 20_ _:

Name of the Candidate and Affiliation:	**Supervisor Name, Designation, Department and College:**

S.No.	**Recommendations**	**Signature**
1.	(Recommended/Not Recommended) HoD of the Scholar	
2.	(Recommended/Not Recommended) Principal of the Scholar	
3.	(Recommended/Not Recommended) Supervisor of the Scholar	
4.	(Recommended/Not Recommended) HoD of the Supervisor	
	(Recommended/Not Recommended) Principal of the Supervisor	

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Submitted details are Verified ☐

PhD Coordinator

Approval

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Date 03/01/2024

Signature of Dean-R&I **Signature of the Principal**

Check-List for Internal Candidate:

1) List of publications
2) Copy of Publications and Proof of indexing in Q1/SCIE/Scopus.
3) Reprints of other Publications
4) Details of Workshops/FTP/Training programs related to the proposed Research work
5) One-page write-up of proposed Research work

Check-List for External Candidate:

1) List of Publications
2) Copy of Publications and Proof of indexing in Q1/SCIE/Scopus.
3) Reprints of other Publications
4) Details of Workshops/FTP/Training programs related to the proposed Research work
5) One-page write-up of proposed Research work
6) Appointment Order
7) Probation Confirmation Order (If completed)
8) Experience Certificate

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Office of Dean – Research & Innovation

Ph.D. FORM 2

Outcome of University Ph.D. Process

Date:

Name of the Faculty and Designation:	
Department:	
Session/Year applied for PhD:	
Mention the Previous appearances of session (Session/Year), if any	
Guide details (Name, Designation, Department, College)	
Cleared Written test	Yes / No
Cleared Interview Process	Yes / No
Certificate Verification completed successfully	Yes / No

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Signature of the Faculty **Signature of the HoD**

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ordinator **Dean R&I**

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Ph.D. FORM 3

Dr.Mahalingam College of Engineering and Technology, Pollachi-642003
Office of Dean Research and Innovation

Application Form for PhD Course Work Registration – January/July-20_ _
Internal Scholar

Applicable for Scholars working in MCET who have registered with Anna University Chennai
Under the guidance of supervisors employed in MCET/other institutions

Affix Passport size photo*

I. SCHOLAR DETAILS:

Scholar Name and Designation		**Supervisor Name and Designation**	
University Registration Number		***MCET Roll Number (to be Provided by the Coursework coordinator)***	
Faculty		**Department**	
Research Topic		**Academic Year & Semester**	
Date of Provisional Registration (Enclose a copy of provisional registration letter issued by Anna University)		**Date of 1st Doctoral Committee Meeting (Enclose a copy of 1st DC meeting minutes)**	
Date of Birth		**Email ID**	
Address		**Contact Phone Number**	

e scanned copy of the passport size photo to deanri@drmcet.ac.in

II. Details of Course Work Subjects to be Registered in this Semester (Scholars are required to attend classes for a minimum of 2 course work subjects along with PG students)

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Date 03/01/2024

S.No	Course Code	Course Title & Nature of the Course work (Class Room/ /NPTEL/Others)	Number of PG students currently undertaking the course	Signature of the Supervisor* (Course works details to be verified by the supervisor before attesting)	Name & Signature of the Course Instructor (Make sure that the scholar should put-up minimum of 75 % attendance and should take-up internal-tests along with the PG Students)	Signature of the Course HoD (for overseeing the scholar's progress during the course-work at par with PG students)
1						
2						
3						
4						

Signature of the Scholar **Coursework Coordinator**

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Endorsement

Above details are verified and found correct

Approval by the Principal

Principal

r is fully responsible for the course works, as per the latest norms of the University. If it is a new course the Supervisor should get approval for the syllabus in the udies concerned. Scholar should take PG level courses only and he/she should obtain permission only for the course to be registered during this semester. For ses, Supervisor will be the course Instructor.

Check-List

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1. Pass Port Size Photo (Hard and Soft Copy)
2. Attested Copy of PhD provisional Registration Certificate by Anna University -Chennai
3. Attested Copy of Minutes of First DC meeting

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Ph.D. FORM 4

Dr.Mahalingam College of Engineering and Technology, Pollachi-642003
Office of Dean Research and Innovation

Application Form for PhD Course Work Registration – January/July-20_ _
External Scholar

Applicable for External Scholars who have registered with Anna University Chennai under the guidance of supervisors employed in MCET / other institutions

Affix Passport size photo*

I. SCHOLAR DETAILS:

A. PhD and Contact Details

Scholar Name and Designation		**Supervisor Name and Designation**	
University Registration Number		***MCET Roll Number*** ***(to be Provided by the coursework coordinator)***	
Faculty		**Department**	
Research Topic		**Academic Year & Semester**	
Date of Provisional Registration **(Enclose a copy of provisional registration letter issued by Anna University)**		**Date of 1st Doctoral Committee Meeting** **(Enclose a copy of 1st DC meeting minutes)**	
Date of Birth			
Address		**Email ID**	
		Contact Phone Number	

e scanned copy of the passport size photo to deanri@drmcet.ac.in

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Date 03/01/2024

B. Qualification Details

Name of Degree/Qualification**	PG M.E/M.Tech/Others _____	UG B.E/B.Tech/Others _____	Diploma _____
College Studied & Place			
University Name & Place			
Specialization			
Month & year of Passing			
% of Marks			
Part Time / Full Time / Weekend /Evening / Distance			

C. Experience Details

Experience in	No. of years	From	To	Position / Title	Institution/ Industry	Subjects taught / type of industrial work
Teaching						
Industry						

Copy of SSLC Mark Sheet, B.E degree, M.E degree and Diploma (if any) certificates attested by the Supervisor

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II. Details of Course Work Subjects to be Registered in this Semester (Scholars are required to attend classes for a minimum of 2 course work subjects along with PG students)

S.No	Course Code	Course Title & Nature of the Course work(Class Room/ NPTEL/Others)	Number of PG students currently undertaking the course	Signature of the Supervisor*** (Course works details to be verified by the supervisor before attesting)	Name & Signature of the Course Instructor (Make sure that the scholar should put-up minimum of 75 % attendance and should take-up internal-tests along with the PG Students)	Signature of the Course HoD (for overseeing the scholar's progress during the course-work at par with PG students)
1						
2						
3						
4						

Signature of the Scholar **Coursework Coordinator**

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Endorsement

Above details are verified and found correct

Approval by the Principal

Principal

lly responsible for the course works, as per the latest norms of the University. If it is a new course the Supervisor should get approval for the syllabus in the cerned. Scholar should take PG level courses only and he/she should obtain permission only for the course to be registered during this semester. For NPTEL will be the course Instructor.

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Check-List

1. Pass Port Size Photo (Hard and Soft Copy)
2. Attested Copy of SSLC Mark Sheet
3. Attested Copy of Diploma Certificate (if any)
4. Attested Copy of B.E Degree Certificate
5. Attested Copy of M.E Degree Certificate
6. Attested Copy of PhD provisional Registration Certificate by Anna University -Chennai
7. Attested Copy of Minutes of First DC meeting

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Ph.D. FORM 5

Application Form for PhD Course Work Continuation – 20_ _-20_ _ (Odd/Even Semester)

Internal / External Scholar

Applicable for Scholars who have registered with Anna University Chennai Under the guidance of supervisors employed in MCET/other institutions

I. SCHOLAR DETAILS:

Scholar Name and Designation		**Supervisor Name and Designation**	
University Registration Number		***MCET Roll Number*** ***(Provided by the research coordinator)***	
Date of Birth			
Faculty		**Department**	
Research Topic		**Academic Year & Semester**	

II. Details of Course Work(S) already completed:

S.No	Course Name & Code	Name of the Course Instructor	Nature of the course work(Class Room / Directed Study)	Date of End Semester Examination
1				
2				

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III. Details of Course Work Subjects to be Registered in this Semester (Scholars are required to attend classes for a minimum of 2 course work subjects along with PG students)

S.No.	Course Code	Course Title & Nature of the Course work (Class Room/ NPTEL/Others)	Number of PG students currently undertaking the course	Signature of the Supervisor* (Course works details to be verified by the supervisor before attesting)	Name & Signature of the Course Instructor (Make sure that the scholar should put-up minimum of 75 % attendance and should take-up internal-tests along with the PG Students)	Signature of the Course HoD (for overseeing the scholar's progress during the course-work at par with PG students)
1						
2						

Signature of the Scholar

Coursework Coordinator

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Endorsement

Above details are verified and found correct

Approval by the Principal

Principal

r is fully responsible for the course works, as per the latest norms of the University. If it is a new course the Supervisor should get approval for the syllabus in the ıdies concerned. Scholar should take PG level courses only and he/she should obtain permission only for the course to be registered during this semester. For ses, Supervisor will be the course Instructor.

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Ph.D. FORM 6

CCET- I / II Marks for Part Time Ph.D Candidates for 20_ _ -20_ _ (Odd/Even Semester)

S.No	Research Scholar Name &MCET Roll Number	Course Name & Course Code	Name of the Course Instructor	CCET- I / II Marks (Out of 15)	Seminar/Assignment Marks (Out of 10)	Consolidated Attendance % (for directed study attendance can be satisfactory/ unsatisfactory)

Signature of the Course Instructor

Signature of the Course HoD

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Ph.D. FORM 7

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Consolidated Internal Marks for Part Time Ph.D Candidates for 20_ _ -20_ _ (Odd/Even Semester)

Name and Designation of the Course Instructor:

S.No	Research Scholar Name &MCET Roll Number	Course Code & Course Name	CCET-I Marks (Out of 15)	Assign ment-I (Out of 10)	CCET-II Marks (Out of 15)	Assign ment-II (Out of 10)	Assign ment (Average) (out of 10)	Total (Out of 40)	Attenda nce *	Signature of the Scholar
1.										
2.										

***for directed study attendance can be satisfactory/ unsatisfactory**

Signature of the Course Instructor **Signature of the Course HoD**

Dr.Mahalingam College of Engineering and Technology, Pollachi-642 003

Office of Dean Research & Innovation

Ph.D. FORM 8

Invitation to attend Ph.D. Research Seminar Presentation

Date:

Purpose: Seminar Presentation before Provisional registration ☐

Seminar Presentation before Submission of Synopsis ☐

Seminar Presentation optionally arranged by Supervisor ☐

S.No.	Particulars	Details
1.	Name, Designation, Department and College of the Scholar	
2.	Registration Number	
3.	Degree/ Category	
4.	Faculty	
5.	Seminar Topic	
6.	Date, Time and Venue of Seminar Presentation	
7.	Name and Address of the Supervisor	
8.	Name and Address of the Joint-Supervisor (if applicable)	

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All are cordially invited to attend the Ph.D. Research Seminar Presentation.

Signature of the Supervisor **Signature of HoD of the Supervisor**

DEAN R & I **PRINCIPAL**

oDs/HoS, MCET Office, HR Office, IQAC
CHRO & Deans
nitted to the Secretary for kind information

Dr. Mahalingam College of Engineering and Technology, Pollachi – 642 003.

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Ph.D. FORM 9

Half-Yearly Progress Report of MCET Faculty Members
Undergoing Part time/Full time Ph.D Programme

Period: January 20 _ _ to June 20 _ _ / July 20 _ _ to December 20 _ _

Particulars of Research Scholar

i) Scholar Details:	
Name and Designation of Faculty Member	
Department and Institution, where employed	
Email	
Contact No.	
ii) Supervisor Details:	
Name and Designation of Supervisor	
Department and Institution, where employed	
Email	
No.	

iii) Joint-Supervisor Details *(if applicable)*	
Name and Designation of Joint-Supervisor	
Department and Institution, where employed	
Email	
Contact No.	

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2. Registration Details

(a) Category of registration : Full Time / Part Time

(b) Month & Year of Admission :

(c) Whether provisional registration confirmed? : Yes / No

If yes, give reference No. and date:

3. Name of the Department / Centre where the research is conducted :

4. Tentative title of the Research work:

5. Please attach One-Page typed report on the work carried out during this period (atleast 300 words)

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Date 03/01/2024

6. Status of Research Work:

Status of Research *(Kindly tick the current status of Research)*			
Undergoing Coursework	☐	**Provisional Registration Completed**	☐
Coursework Completed	☐	**Synopsis Submitted**	☐
Comprehensive viva Completed	☐	**Thesis Submitted**	☐

i) Research-Publications/Patents/Project/Consultancies/FDP (Consider the details only after the date of Registration of PhD) :

S.No.	Details	Count during the previous period January 20_ _ to June 20 _ _/ July 20 _ _ to December 20 _ _	Consolidated count (Date of Registration to till date)
1.	No. of Journal Publications from Anna University Journal list including those indexed in SCIE and Scopus	AU Journal list: SCIE: Scopus:	AU Journal list: SCIE: Scopus:
2.	No. of Book Chapters/Conference publications (Scopus Indexed only)		
3.	No. of Patents published/Granted	Published: Granted:	Published: Granted:
4.	No. of External Funding	In preparation: Submitted: Granted:	In preparation: Submitted: Granted:
5.	No. of Consultancy works carried out	Filed: Published: Granted:	Filed: Published: Granted:
6.	No. of Research related NPTEL Course completed		
	No. of FDPs attended related to Research		

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7. Research Plan during next half-Yearly Period:

Details of the Journal Paper Planned to be submitted (in SCIE/ Scopus):

S. No	Tentative Title of the Paper	Name of the Journal	Journal Indexing (SCIE/Scopus)	Month of Submission

Details of the Book Chapters / Conference Paper Planned to be submitted (Scopus Indexed Only)

S. No	Tentative Title of the Book Chapter / Conference paper	Tentative Details of the Book / Conference	Details of Publisher /Organizer	Month of Submission
1				
2				

Details of the Patent Planned to be filed

S. No	Tentative Title of the patent	Tentative name of the patent office	Month of Submission
1			
2			

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Details of the external funding planned to be submitted

S. No	Tentative Title of the Project	Tentative Funding Agency	Duration	Amount	Month of Submission
1					
2					

Details of the Consultancy works Planned to carry out

S. No	Tentative Title of the Project	Tentative name of the organization where consultancy is sanctioned	Duration	Amount	Month of Submission
1					
2					

Guide's report:

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Check-List

(Please provide Soft Copy of below mentioned details)

- ☐ Complete Journal Papers
- ☐ Front matters of Book Chapters
- ☐ Front page and Conference proceedings page
- ☐ Patent copy
- ☐ External funding-Sanction letter
- ☐ Approval letter of Consultancy
- ☐ NPTEL Certificates copy
- ☐ FDP Certificates Copy

Signature of Research Scholar **Signature of Supervisor with seal**

For office Use Only

The following details are attached and verified:

1. Attached One page write-up :Yes / No
2. Attached complete journal papers :Yes / No
3. Attached front matters of the book chapters :Yes / No
4. Attached front page and conference proceedings page :Yes / No
5. Attached patent copy :Yes / No
6. Attached the sanction letter of external funding :Yes / No
7. Attached the approval letter of consultancy :Yes / No
8. Attached the NPTEL Certificates :Yes / No
9. Attached the FDP Certificates :Yes / No

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Ph.D. FORM 10

No Dues Form

Date:

Scholar Name, Designation, Department and Institution:	
Supervisor Name, Designation and Institution Joint Supervisor Name, Designation and Institution (if any)	
Reg. No., University & Date of Registration:	
Title of Research Work	

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Signature of the Faculty

Faculty Incharge	Dues	Remarks	Signature
Library			
MCET Office			
HR Office			
Joint Supervisor(if applicable)			
Supervisor (if internal)			
HoD of the Scholar (if internal)			
HoD of the Supervisor (if internal)			

PhD Coordinator:

Document submissions by scholar:	Provisional registration order copy	First DC meeting minutes	Provisional confirmation order copy	Soft copy & 2 Nos. of Hard Copy of Thesis books (A4 Size)
Dues:				
PhD :				

R&I **Principal**

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Other Forms

NITTT

NPTEL

Dr. Mahalingam College of Engineering and Technology- Pollachi-03.
(An Autonomous Institution)
Office of Dean Research and Innovation
NITTT Module Incentive –Claim Form and Checklist

NITTT Course details:

Claim for the Academic year	JUNE _____ to MAY _____
Name of the Faculty	
Designation and Department	
Name of the Course Platform	NITTT
NITTT module Number(s) and Module Name(s)	

Check-List &Recommendation

(Please provide Hard and Soft Copy of below mentioned details)

☐ Completion Certificate ☐ Completed in First Attempt

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I/We assured you that the above-mentioned details are correct. I declare that the incentive for the above-mentioned online course was not claimed previously and it will not be claimed in MCET in the future.

S.No.	Name of the Faculty	Designation & Department	Claim Amount	Signature with Date	Recommendations of HoD
1.					**Verified/Not Verified** _____ **(Signature of HoD)**

Date:

Place:

For office Use Only

The details are verified and incentive of Rs. _____ has been recommended.

S.No.	Name of the Faculty	Designation & Department	Name of the course(s)	Amount Claimed	Amount Sanctioned
1.					
			Total Grant		

YAM/NPTEL Coordinator **Signature of the Dean R & I**

Signature of the Principal

NORMS FOR REIMBURSEMENT OF REGISTRATION FEES FOR ONLINE COURSES

- Faculty members (Experience less than 5 years) are encouraged to complete modules under National Initiative for Technical Teachers Training through online mode. NITTT modules (8 nos) incurs totally Rs. 10,000 (Rs.2000 for one-time registration and Rs. 1000 for each module) for completion. Faculty members can claim 30% of total amount after first year of registration another 30% at the end of second year and remaining 40% at the end of third year. Faculty members passing the module in first attempt are eligible for claim.

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Office of Dean Research and Innovation
NPTEL Online Course –Claim Form and Checklist

NPTEL Course details:

Claim for the Academic year	
Name of the Faculty	
Designation and Department	
Date of Joining in MCET	

S.No.	Name of the course and course code	Offering IIT's	Course Start and End Date	Course Duration (in week)	Course semester (ODD/EVEN)	Certificate Type(Sucessfully/Elite/Elite+Silver/Elite+Gold)	Amount
1.							
			Total				

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Check-List &Recommendation

(Please provide Hard and Soft Copy of below mentioned details)

☐ NPTEL Course Completion Certificate ☐ FDP Certificate

I /We assured you that the above-mentioned details are correct. I declare that the incentive for the above-mentioned online course was not claimed previously and it will not be claimed in MCET in the future.

Name of the Faculty	Designation & Department	No.of Nptel courses	Claim Amount	Signature with Date	Recommendations of HoD
					Verified/Not Verified _____ **(Signature of HoD)**

Date:

Place:

For office Use Only

The details are verified and incentive of Rs. _____ has been recommended.

S.No.	Name of the Faculty	Designation & Department	No.of Nptel courses	Amount Claimed	Amount Sanctioned
1.					
			Total Grant		

MCET-SWAYAM/NPTEL Coordinator **Signature of the Dean R & I**

Signature of the Principal

NORMS FOR REIMBURSEMENT OF COURSE FEES FOR ONLINE COURSES

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Date 03/01/2024

Faculty members participation in online courses only through COURSERA, NPTEL SWAYAM platforms are mandatory for every faculty (Office order 210. Dt.26.10.2021) for which the yearly maximum claim per faculty is revised as Rs.1500.

Initiatives of the Office of Research and Innovation

1. Facilitating the hosting of International Conferences
2. Conduction of Open House Exhibition
3. Identifying potential IPR and providing financial support for filing
4. Facilitating Revenue Sharing of Consultancy
5. Managing the activities of the Institution's Innovation Council(IIC)
6. Convening meetings, Controlling and Monitoring NIRF data analysis
7. Periodic review of Ph.D. Scholar Progress
8. Periodic review of Department R&I activities
9. Periodic review of Ongoing External Funded Projects
10. Periodic review of Ongoing In-house R&D Projects
11. Periodic review of Ongoing Consultancy Works
12. Ph.D. Guide Identification and Allocation
13. Periodic Circulation of Calls for Proposals
14. Identifying and Sanctioning In-house R&D Projects for Faculty members
15. Identifying and Sanctioning In-house R&D Projects for Students
16. Formation of Research Interest Group
17. Formulation of Student Research Council
18. Publication of the R&I Newsletter
19. Incentive distribution to faculty for Research Contribution
20. Conducting Knowledge Sharing Sessions & Organizing Research Seminars
21. Facilitating faculty for attending Faculty Development Programs and workshops
22. Facilitating faculty for attending Online Certification Courses
23. Purchasing R&I Tools for checking Plagiarism and Grammar
24. Facilitating Students' participation in Seminars and Workshops

cilitating Subscriptions for Printed and E-Journal

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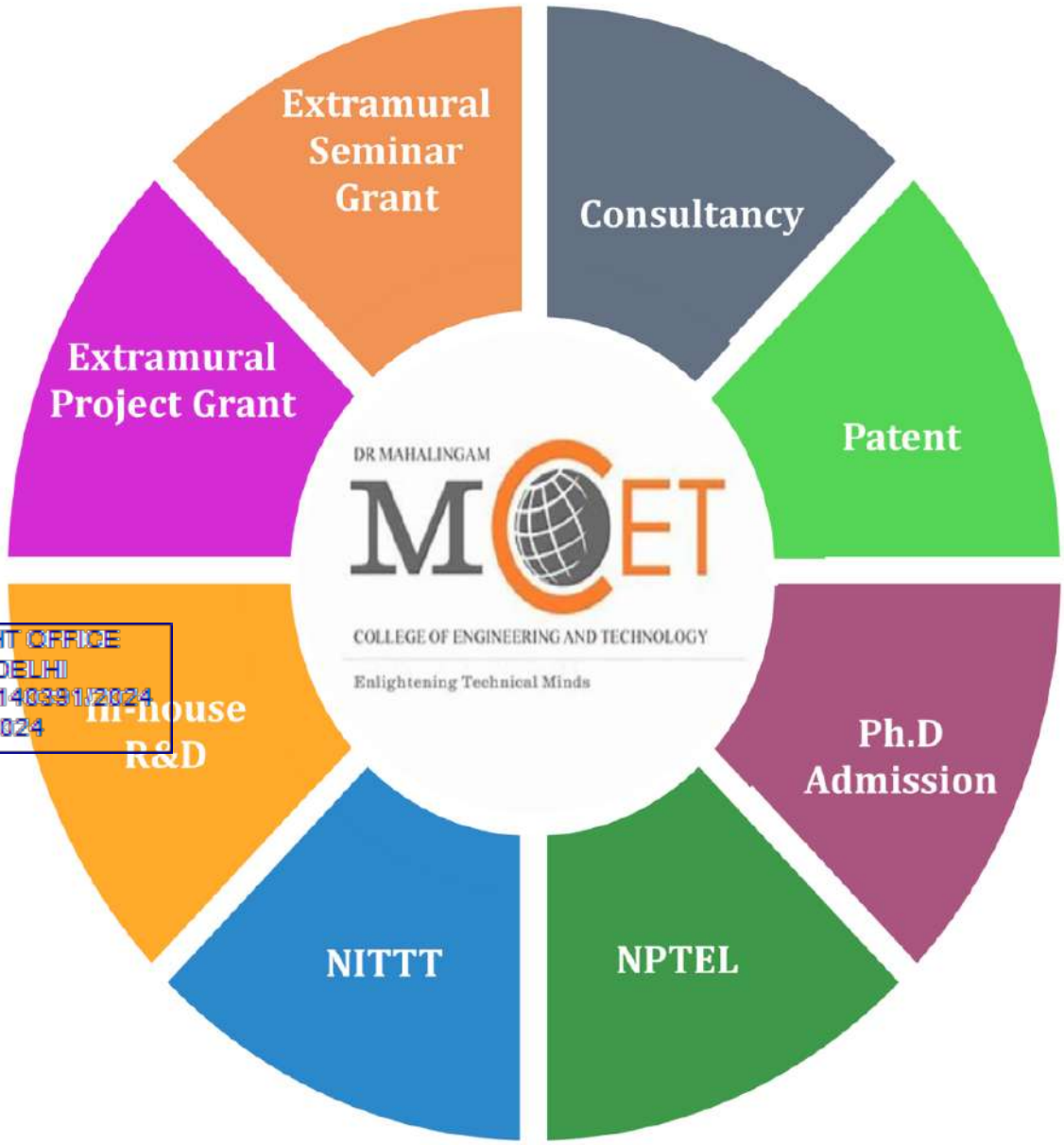

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Contact us

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