

Dr. Mahalingam College of Engineering and Technology, Pollachi -03**(An Autonomous Institution)****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		
Contribution from the Management	YES/ NO If 'YES' (Rs.) -----	
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	

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)****Vice Principal****Principal****Secretary**