

**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			
Copy of the filled in Proposal	Pl. Enclose as Annexure 5			
Copy of the Plagiarism Report of the proposal	Pl. Enclose as Annexure 6			

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.

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

**Signature of the HoD**

**Dean (R&I)**

**Vice Principal**

**Principal**

**Secretary**