

# 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)**

**Vice Principal**

**Principal**

**Secretary**