

**Dr. Mahalingam College of Engineering and Technology- Pollachi-03.**  
(An Autonomous Institution)  
**Office of Dean Research and Innovation**

**Form 7 – Extramural  
Funded Projects -Claim &  
Checklist**

**External Funding Incentive –Claim Form and Checklist**

*(Please use only ONE form per Project even if investigators are from different departments)*

**a) Details of External Funded Project:**

Claim for the Academic Year	JUNE _____ to MAY _____
Project Work Title:	
Funding Agency:	
Approval Sanction Order No. with date :	
Amount received as per the order (Rs.):	
Duration of the work:	<i>Month &amp; Year of Commencing the Project:</i> <i>Month &amp; Year of Closing the Project:</i>
SRF/JRF details (if any with proof):	
Completion Status:	
List of equipment's procured with cost: (Attach Separate sheet if necessary)	
Closing Report/Final technical report/Interim report:	<i>Please attach a copy of the latest</i>

**b) Details of Investigators:**

S.No.	Name of Investigator and Faculty team		Designation & Department
1.	Principal Investigator (PI) :		
2.	Co-Principal Investigator (s): (Co-PI <i>(if any)</i> ) ( <i>Attach proof</i> ) :		
3.	Faculty team involved: <i>(if any)</i>		
4.	Supporting Staff involved: <i>(if any)</i>		

**Check-List & Recommendation**

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

☐ Copy of Approval Order from the Agency

☐ Proof for Co-PI *(if any)*

☐ Interim reports *(if any)*

☐ Copy of the entire report

☐ UC & Final Technical Reports  
*(if completed)*

☐ Amount Sanction Order

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

S.No.	Name of Investigator and Faculty team		Designation & Department	Claim Amount	Signature with Date	Recommendations of HoD
1.	Principal Investigator (PI) :					Verified/Not Verified  _____ (Signature of HoD)
2.	Co-Principal Investigator (s):(Co-PI <i>(if any)</i> )					Verified/Not Verified  _____ (Signature of HoD)
3.	Faculty team involved: <i>(if any)</i>					Verified/Not Verified  _____ (Signature of HoD)
4.	Supporting Staff involved: <i>(if any)</i>					Verified/Not Verified  _____ (Signature of HoD)

**Date:**

**Place:**

**For office Use Only**

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

The sum of Rs. \_\_\_\_\_ (in words) has been received from the funding agency for this project

Ref. No. \_\_\_\_\_

**Signature of the MCET Office Manager**

S.No	Name of Investigator and Faculty team		Designation & Department	Amount Claimed	Amount Sanctioned
1.	Principal Investigator (PI) :				
2.	Co-Principal Investigator (s):(Co-PI (if any))				
3.	Faculty team involved: (if any)				
4.	Supporting Staff involved: (if any)				
Total Grant					

**Signature of the Consultancy & External Funding Coordinator**

**Signature of the Dean R & I**

**Signature of the Vice Principal**

**Signature of the Principal**

### NORMS FOR SHARING OF INCENTIVE FOR EXTERNAL FUNDED PROJECTS

Sl.No.	Nature of external fund	Proposed incentive & Norms	
1	Research Funding (Proposals related to research only) (MODROBS & TNSCST projects etc., are not considered)	<b>Range</b>	<b>Incentive Amount (in Rs.)</b>
		Above 50 Lakhs	2,00,000
		>30-50 Lakhs	1,00,000
		>20-30 Lakhs	90,000
		>15-20 Lakhs	80,000
		>10-15 Lakhs	70,000
		>5-10 Lakhs	50,000
		>3-5 Lakhs	40,000
		2-3 Lakhs	20,000
2	<b>The above incentive are to be shared as follows</b>		
	<b>Description</b>		<b>% of share of incentive</b>
	Principal investigator & Faculty team members (PI-40%; Co-PI-30%; Other faculty team-10%)		80%
	Department supporting staff involved in the project		15%
	If the department supporting staff not involved in the project		10% to PI & 5% to Office
	MCET Office, Central Office, HR Office & Dean R&I office		5%
	50% of the incentive are to be distributed upon receiving first installment and the remaining 50% are to be issued after successful submission of Utilization Certificate.		