

**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)	<b>MCET approved patent agent Fee(Including GST)</b>	<b>Rs:</b>
	<b>Patent Office Fee(Including GST)</b>	<b>Rs:</b>
	<b>Total : Rs (in words):</b>	

Department	Particulars	Proposed budget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	<b>Patent</b>				

**Signature of the Inventor:**(1<sup>st</sup> inventor behalf all inventor)**Budget Co-Ordinator****Head of the Department****IPR Coordinator****Dean – R&I****Principal****Secretary**