

Dr.Mahalingam College of Engineering and Technology, Pollachi -03

(An Autonomous Institution)

Office of Dean Research and Innovation

In- house R&D

FORM 6

PERIODICAL REVIEW FORM – IN HOUSE FUNDED PROJECTS

Date:

A. Faculty Details		
1.	Name of Faculty Incharge	
2.	Designation	
3.	Department	

B Project Details			
1.	Project Title		
2.	Project sanction reference no with date		
3.	Project Duration		
4.	Budget Sanctioned		
5.	Percentage of Fund Utilization (as on date)	Percentage of work done:____ (Attach one page report of work done)	
6.	Outcome of the project (as on date)	Publications	Patent
		Count :____ Attached proof (Yes/No)	Count :____ Attached proof (Yes/No)
7.	Any Extension required	Yes / No	
8.	Review PPT	Enclosed (Yes /No)	

Name and Signature of Faculty Incharge

Name and Signature of HoD

Dean (R&I)

Principal

Secretary