

**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>

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

**Vice Principal**

**Principal & Joint Secretary**

**Secretary**