

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)	MCET approved patent agent Fee(Including GST)	Rs:
	Patent Office Fee(Including GST)	Rs:
	Total : Rs (in words):	

Department	Particulars	Proposedbudget Rs.	Actual Spent Rs.	Available budget Rs.	Now requested Rs.
	Patent				

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