

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)****Vice Principal****Principal & Joint Secretary**