Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Approval of Student Consultancy Project

Students Consultancy FORM 1

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Tentative Duration of the Consultancy Project:	**Date of Commencement**_____ **Expected Date of Completion**_____
Whether MoU/ Agreement Signed with Client (Attach, if any):	**Signed / Not Signed**
Purchase Order No./Reference letter from the agency/client / Reference Request mail attached:	**YES / NO**
Location of the Consultancy Project:	**Internal / External** If External _____
Expected Revenue to be Generated	

Details of Students & Faculty involved in the Consultancy Project:

Name of the Students / Faculty	Designation and Department (faculty) / Year and Department (student)	Signature
Faculty 1		
Faculty n		
Student 1		
Student n		

Consultancy R&I Coordinator **Head of the Department**

Dean – R&I **Vice Principal**

Principal & Joint Secretary