Dr. Mahalingam College of Engineering and Technology - Pollachi-03.
(An Autonomous Institution)
Office of Dean Research and Innovation

Students Consultancy FORM 3

Student Consultancy Work Revenue Sharing – Claim Form and Checklist
(Please use only ONE form per Work even if student and faculty members are from different departments)

Details of Consultancy Work and Revenue Sharing:

Claim for the Academic Year	JUNE _____to MAY _____
Consultancy Work Title:	
Client / Funding Agency Details:	
Location:	*Internal / External* Details If, External:
Purchase Order No./Reference letter from the agency/client with date: *(Please give No. & Date of the purchase order for the amount and period (phase by phase))*	
MCET Invoice No. with date: *(Please give No. & Date of the invoice for the amount and period (phase by phase))*	
Duration of the work: *(Please mention the start month/date and month/end date)*	
Completion status: *(Incentive can be claimed only after 100%of completion of the work and 100% of the revenue generated).*	*Yes/No*
Closing report Received from the agency *(Pl. enclose a copy)*	

Amount mentioned in the invoice (Rs.):	
Total Amount received from the agency/client **(A)** (Rs): *(Mention both in words and figure)*	
Total amount spent for the consultancy **(B)** (Rs): *(Mention both in words and figure)*	
Net Total Revenue Generated from the consultancy **(C=A-B)** (Rs): *(Mention both in words and figure)*	
GST (*18% - As per Government norms*) (Rs): **(D=0.18*C)** (Rs): *(Mention both in words and figure)*	
Basic Consultancy Charges *(82% -Amount excluding GST that is to be shared between students and faculty mentor)* **(E=0.82*C)** (Rs): *(Mention both in words and figure)*	
Student Team share of the incentive (74%) **(F=0.74*E)** (Rs): *(Mention both in words and figure)*	
Department's Faculty Team share of the incentive (8%) **(G=0.08*E)** (Rs): *(Mention both in words and figure)*	

Check-List & Recommendation

(Please provide Hard and Soft Copy of the below-mentioned details)

- ☐ Purchase order from the agency/client.
- ☐ Proof of Financial Transactions
- ☐ MCET Invoice (Completed)
- ☐ Approval form
- ☐ Details of the amount spent
- ☐ Copy of the final report
- ☐ Amount Sanction Order
- ☐ Photocopy of your bank passbook

I/we assure you that the above-mentioned details are correct. I/we declare that the incentive for the above-mentioned consultancy work was not claimed previously and it will not be claimed in MCET in the future.

I/we declare that the Net revenue generated is shared among all the students and faculty involved are as per the below mentioned table.

Name (S) of the Student and Faculty Team		**Year and Department / Designation & Department**	**Claim Amount**	**% of Claim**	**Signature with Date**	**Recommendations of HoD**
Student Team (Max. of F Rs.)	1.					**Verified/Not Verified** _____ **(Signature of HoD)**
	2.					
	3.					
	4.					
Faculty Team involved: *(if any)* (Max. of G Rs.)	1.					**Verified/Not Verified** _____ **(Signature of HoD)**
	2.					

Account Details of Students

Student I		Declaration
Name of the Account Holder		I hereby declare that the mentioned bank account details are correct and verified by me. I take full responsibility for the accuracy of the information provided. _____ (Signature) Name :
Account Number		
Bank Name		
Branch		
IFSC Code of the branch		

Student II		Declaration
Name of the Account Holder		I hereby declare that the mentioned bank account details are correct and verified by me. I take full responsibility for the accuracy of the information provided. _____ (Signature) Name :
Account Number		
Bank Name		
Branch		
IFSC Code of the branch		

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Student n		Declaration
Name of the Account Holder		I hereby declare that the mentioned bank account details are correct and verified by me. I take full responsibility for the accuracy of the information provided. _____ (Signature) Name :
Account Number		
Bank Name		
Branch		
IFSC Code of the branch		

For Office Use only

The above-mentioned financial details regarding this student consultancy works are verified as per the office records and found correct. As our office records the following details are provided

Title of the work: _____

Agency Name: _____

Department(s) involved: _____

The total revenue generated (in Rs.): _____(in words)

Net revenue generated (in Rs.): _____(in words)

Total Consultancy Share for student team (in Rs.): _____(in words)

Total Consultancy Share for faculty team (in Rs.): _____(in words)

NORMS FOR SHARING OF CONSULTANCY REVENUE

Net revenue received for consultancy	Student Team	74% from generated revenue
	Faculty Team	8% from generated revenue
	GST	18% from the generated revenue

Approvals

S.No.	Revenue Sharing		Amount Claimed	Amount Sanctioned
1.	Student Team	74%		
2.	Faculty Team	8%		
		Total Amount		

Signature of the Consultancy works R&I Coordinator

Signature of the Dean R & I

Vice Principal

Principal & Joint Secretary