**Dr.Mahalingam College of Engineering and Technology, Pollachi -03**

**(An Autonomous Institution)**

Department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dd/mm/yyyy

**Request Note for Approving the Submission of Seminar Grant Proposal –Reg.**

We would like to submit the following seminar grant proposal

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Agency |  | | | |
| Title of the Event |  | | | |
| Duration & Date(s) of the Event |  | | | |
| Name and Designation of the Faculty member(s) Appling this grant as coordinator(s) |  | | | |
|  | | | |
| Total Estimated Expenses  (A) in Rs. |  | | | |
| Expected number of Participants |  | MCET | Others | Total |
| Faculty |  |  |  |
| Students |  |  |  |
| Total |  |  |  |
| Sponsorship Amount Requested in through this proposal (B) in Rs. |  | | | |
| Estimated Income through Registration Fees (C) in Rs. |  | | | |
| Sponsorship Amount Requested From other funding agencies (D) in Rs. |  | | | |
| Any other source of income(Pl. mention) (E) in Rs. |  | | | |
| Estimated Total Income (F=B+C+D+E) in Rs. |  | | | |
| Contribution from the Management | Yes/No  If Yes Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If No (A-F) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Tentative Budget with breakups | Pl. Enclose as Annexure 1 | | | |
| Profile of the Resource Persons along with email and mobile numbers | Pl. Enclose as Annexure 2 | | | |
| Tentative Schedule of the Event | Pl. Enclose as Annexure 3 | | | |
| Brochure of the Event | Pl. Enclose as Annexure 4 | | | |
| Copy of the filled in Proposal | Pl. Enclose as Annexure 5 | | | |
| Copy of the Plagiarism Report of the proposal | Pl. Enclose as Annexure 6 | | | |
| Number of Ongoing Funded Projects |  | | | |
| Number of Seminar Grants Received during this AY |  | | | |
| Number of Ongoing Funded Projects |  | | | |
| Number of Seminar Grants Received during this AY |  | | | |

Kindly permit us to submit the above mentioned proposal. We assure you that we have got the concurrences from the resource persons and this proposal is prepared as per the guidelines of the funding agency.

**Name Signature of the Coordinator(s) Signature of the HoD**

**Dean (R&I) Principal**