

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

External Funding Incentive –Claim Form and Checklist

(Please use only ONE form per Project even if investigators are from different departments)

a) Details of External Funded Project:

Claim for the Academic Year	JUNE _____ to MAY _____
Project Work Title:	
Funding Agency:	
Approval Sanction Order No. with date :	
Amount received as per the order (Rs.):	
Duration of the work:	<i>Month & Year of Commencing the Project:</i> <i>Month & Year of Closing the Project:</i>
SRF/JRF details (if any with proof):	
Completion Status:	
List of equipment's procured with cost: (Attach Separate sheet if necessary)	
Closing Report/Final technical report/Interim report:	<i>Please attach a copy of the latest</i>

b) Details of Investigators:

S.No.	Name of Investigator and Faculty team	Designation & Department
1.	Principal Investigator (PI) :	
2.	Co-Principal Investigator (s): (Co-PI <i>(if any)</i>) (<i>Attach proof</i>) :	
3.	Faculty team involved: <i>(if any)</i>	
4.	Supporting Staff involved: <i>(if any)</i>	

Check-List & Recommendation

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

Copy of Approval Order from the Agency

Proof for Co-PI *(if any)*

Interim reports *(if any)*

Copy of the entire report

UC & Final Technical Reports
(if completed)

Amount Sanction Order

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

S.No.	Name of Investigator and Faculty team	Designation & Department	Claim Amount	Signature with Date	Recommendations of HoD
1.	Principal Investigator (PI) :				Verified/Not Verified _____ (Signature of HoD)
2.	Co-Principal Investigator (s):(Co-PI (if any))				Verified/Not Verified _____ (Signature of HoD)
3.	Faculty team involved: (if any)				Verified/Not Verified _____ (Signature of HoD)
4.	Supporting Staff involved: (if any)				Verified/Not Verified _____ (Signature of HoD)

Date:

Place:

For office Use Only

The details are verified and incentive of Rs. _____ has been recommended.

The sum of Rs. _____ (in words) has been received from the funding agency for this project

Ref. No. _____

Signature of the MCET Office Manager

S.No	Name of Investigator and Faculty team	Designation & Department	Amount Claimed	Amount Sanctioned
1.	Principal Investigator (PI) :			
2.	Co-Principal Investigator (s):(Co-PI <i>(if any)</i>)			
3.	Faculty team involved: <i>(if any)</i>			
4.	Supporting Staff involved: <i>(if any)</i>			
Total Grant				

Signature of the Consultancy & External Funding Coordinator

Signature of the Dean R & I

Signature of the Principal

NORMS FOR SHARING OF INCENTIVE FOR EXTERNAL FUNDED PROJECTS

Sl.No.	Nature of external fund	Proposed incentive & Norms	
1	Research Funding (Proposals related to research only) (MODROBS & TNSCST projects etc., are not considered)	Range	Incentive Amount (in Rs.)
		Above 30 Lakh	1.0 Lakh
		>25-30 Lakh	90,000
		>20-25 Lakh	80,000
		>15-20 Lakh	70,000
		>10-15 Lakh	60,000
		>5-10 Lakh	40,000
		>3-5 Lakh	30,000
2-3 Lakh	20,000		
2	The above incentive are to be shared as follows		
	Description	% of share of incentive	
	Principal investigator & Faculty team members (PI-40%; Co-PI-30%; Other faculty team-10%)	80%	
	Department supporting staff involved in the project	15%	
	If the department supporting staff not involved in the project	10% to PI & 5% to Office	
	Office	5%	
	50% of the incentive are to be distributed upon receiving first installment and the remaining 50% are to be issued after successful submission of Utilization Certificate.		