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

(An Autonomous Institution)

## **Office of Dean – Research & Innovation**

Consultancy FORM 4

## Mid Term Progress Report for Consultancy Works (For More than 6 Month Duration Projects)

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client / Funding Agency Details:	
Location:	
Starting Date of the Consultancy work:	Internal / External If External
Usage of Institution Resources: If Institution resources are utilized - 60:40 ratio 60% to the institution and 40% as an incentive otherwise 40:60	YES / NO
Percentage of Work Completed	
Amount received from the agency/client (Rs): (If Any)	
Tentative Date of Completion	

Consultancy Faculty Team:	
Brief Progress Report of the Consultancy Work (Attach Separate Sheet)	Provide Major Tasks Completed:
Details of the remaining tasks to be completed	

## Name and Signature of the Faculty Team

	1.
	2.
	3.
<b>Comments from HOD:</b>	
	Head of the
Department	

## **Consultancy Coordinator**