

Form for Approval of Consultancy Project

1. Name of the Department/Office/Branch: _____
2. Title of the Consultancy Project: _____
3. Consultancy Project Category: I / II / III _____
4. Duration of the Consultancy Project (Year/Month/Days): _____
5. (i) Date of Commencement _____ (ii) Expected Date of Completion _____
6. Detailed Project Report (DPR) attached: YES / NO
7. Client's Name and Address: _____
8. Type of Client (Tick): Private Sector / Govt. Sector / Public Sector / Foreign Agency / Others (Please Specify):

9. Payment to be received in: FULL / Part _____
10. Indian Currency / Foreign
Currency: _____
11. Whether MoU/ Agreement Signed with Client (Attach, if any): Signed / Not Signed
12. Consent Letter from the Client attached: YES / NO _____
13. Consent Letter from the Consultant(s) attached: YES / NO _____
14. Whether Eligibility criteria as Consultant(s) fulfilled as per Consultancy Rules of the Institution: Yes / No
If Yes, attach in DPR the detailed proof(s) in support of claiming the eligibility as Consultant(s).
15. Consultant(s) Certificate (**Appendix 7**) attached: YES/NO _____
16. Details of Persons involved in the Consultancy Project: (Should be attached with DPR)

Name of Consultant(s)	Designation	Institution	Signature

17. Budget (should confirm to the amount of contract/agreement with the Client) (should be attached with DPR)
also attach a separate sheet giving complete tentative detail (if any).

Item	Budgeted Amount
Total money received from client (X)	
Service Tax (Y)	
Total Contracted Amount (Z=X-Y)	
SV Share (U= 0.4Z)	
Remaining Amount (RA= Z-U)	
Total Expenditure* (E)	
Balance Amount for Distribution (D = RA-E)	

To Consultant (0.9D)

To Institute Development Fund (0.1D)

Signature of the Principal Consultant (with date)

Forwarded by Head of Institute:

DIRECTOR RESEARCH CELL, SVDU

Consultancy Project No.: _____ **Dated:** _____

Recommendations of Research Committee: _____ **Approved / Not Approved / Suggestions for improvement**

Convener

Member(s)
