

SPONSORED RESEARCH & CONSULTANCY CELL
NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR
REGISTRATION OF CONSULTANCY PROJECT
(To be submitted with the original request from the client)

SF-02

DETAILS OF THE CONSULTANCY PROJECT:

1. Title of the Consultancy Project:
2. Name of the Client & Address:
3. Name of the Consultant - in – Charge:
4. Name of the Consultant (s):
5. Name (s) of the Department / Centre (where Research is to be performed):
6. Type of the Client:
7. a) Gross Consultancy Charge(**X**): Rs.
b) Service Tax (as applicable) (**T**): Rs.
c) Project Amount(**Y=X-T**): Rs.
d) Institute Overhead (**I= 0.3Y / 0.4Y**) (Tick Appropriate one): Rs
e) Expenditure (**E**): Rs.
f) Consultancy Fee (**B=0.7Y/0.6Y – E**): Rs.
8. Date of Commencement of work:
9. Date of Completion of work:
10. THE CONSULTANCY PROJECTS INVOLVES (Tick Appropriate one)
 - 10.1 Use of no institute facilitie: **YES / NO**
 - 10.2 Use of institute Laboratory facilities **YES / NO**

The above proposal may please be approved.

Signature of Consultant in-charge

The above proposal may please be approved.

Signature of HOD / HOC

Asst./Dy./Jt. Registrar (SRCC)

APPROVED / NOT APPROVED

DEAN (R&C)