***CONSULTANCY PROJECT ACCEPTANCE FORM***

**SPONSORED RESEARCH AND INDUSTRIAL CONSULTANCY**

**INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR**

(**TO BE SUBMITTED WITH THE ORIGINAL PROPOSAL AND SANCTION/REQUEST OF THE CLIENT**)

**DETAILS OF THE CONSULTANCY PROJECT:**

1. Title of the Consultancy Project **:**

2. Name of the Sponsor/Client **:**

3. (a) Sponsor/Client Full Address with State **:**

& PIN (\*)

(b) GSTIN No. (\*) **:**

(c) PAN No. & TAN No. **:**

(d) Contact Person Name, Phone No.& E-mail. **:**

4. Name of the Consultant-in-Charge [CI] **:**

5. Name of the other Consultant(s) [Co-CI(s)] **:**

6. Name(s) of the Department/Centre/School, **:**

where research is to be performed

7. Type of the Client (Put tick mark) (\*) **:** 1. Government 2. Private 3. Foreign

8. (a) Expenditure excluding faculty consultancy **:** Rs.

fee, top-up, honorarium

(b) Faculty consultancy fee, top-up, honorarium **:** Rs.

(oa) Institute overhead (as stated in Sl no.11) on (a)**:** Rs.

(ob) Institute overhead (as stated in Sl no.11) on (b)**:** Rs.

(c) Total Cost: (a)+(b)+(oa) +(ob) : Rs.

(d) GST @ 18% of (c) **:** Rs.

(i) (IGST @ 18%) or (ii)(CGST @ 9% + SGST @ 9%)(\*)

(e) **Gross Consultancy Charges (c+d) :** Rs.

9. Date of Commencement of work **:**

10. Date of Completion of work **:**

11. **THE CONSULTANCY PROJECTS INVOLVES** (Tick appropriate one) (\*)

11.1 Use of no Institute facilities i.e. done outside the institute (25%)

11.2 Use of Institute facilities such as Lab., Computer, Network, Space, etc. (30%)

11.3 Primarily testing and interpretation including laboratory testing (40%)

11.4 Technology Transfer (50%)

**Note:**  Asterisk ***(\*)*** against mandatory fields.

This is to state that the undersigned will submit the progress report periodically to the sponsor endorsing a copy to DEAN (SRIC) for record. All Final Technical Reports (FTR) will also be sent to the sponsor on completion of the project along with a consolidated statement of account. A copy of the FTR will be given to SRIC Office for record.

**RECOMMENDATION OF THE HOD/HOC: (Signature of Consultant-in-charge)**

The above proposal may please be approved and this is to recommend that the consultancy project belongs to the category

**11.1/11.2/11.3/11.4** (please tick anyone that is applicable) and the Consultant(s) would be given necessary facilities including leave of one day/week provided the consultant(s) make(s) necessary arrangement for the class loads assigned to him/them.

**To**

**Joint Registrar(SRIC)/Assistant Registrar(SRIC)**

**(Signature of HOD/HOC/HOS)**

**DEAN (SRIC)**