

Centre for Industry Institute Partnership
Guru Jambheshwar University of Science & Technology
Hisar (INDIA)-125001

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 _____; Indian Currency /Foreign Currency _____
10. Whether MoU/ Agreement Signed with Client (Attach, if any): Signed / Not Signed
11. Consent Letter from the Client attached: YES / NO _____
12. Consent Letter from the Consultant(s) attached: YES / NO _____
13. Whether Eligibility criteria as Consultant(s) fulfilled as per Consultancy Rules of the University: Yes / No
 If Yes, attach in DPR the detailed proof(s) in support of claiming the eligibility as Consultant(s).
14. Consultant(s) Certificate (Annexure III) attached: YES / NO _____
15. Details of Persons involved in the Consultancy Project:

Name of Consultant(s) along with Designation & Department/Office/Branch	Brief role	Man Days	Signature

Attach with DPR another sheet giving details regarding (i) Task and Responsibilities of the Consultant(s) in detail (ii) Details along with Name, Designation, Task and Responsibilities, etc. of the Ministerial staff and Technical staff to be involved in the consultancy project. (ii) Detailed Schedule (including Travel) of the Consultancy Project justifying the Man days required for completion of the Consultancy Project.

16. Budget (should conform to the amount of contract/ agreement with the Client)

Description	Budgeted Amount
1. Gross Amount including Service Tax, G	
2. Service Tax, L	
3. Contracted Amount, T=G-L	
4. University Share as per Project Category, U	
5. Total Expenditure (Estimated*), E	
6. Balance Amount for Distribution to Consultant(s) and CIIP Development Fund (Estimated**), D	
ATTACH WITH DPR, A SEPARATE SHEET GIVING COMPLETE TENTATIVE DETAILS of the following: (i) *Amount to be used for expenditure by the Consultant(s) as per point VI "Budgetary Norms and Distribution of Consultancy Funds" of Consultancy Rules. (ii) ** Balance amount (D) to be distributed among the Consultant(s) and CIIP Development Fund as per point VI "Budgetary Norms and Distribution of Consultancy Funds" of Consultancy Rules.	

Signature of the Principal Consultant (with date)

Forwarded by Head of Department/ branch/office

Director (CIIP) Office, GJUS&T

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

Recommendations of CIIP Committee: **Approved / Not Approved / Suggestions for improvement**

Convener

Member(s)

Consultant(s) Certificate

1. Certified that this consultancy assignment shall not clash with my teaching/office work in the department/office or any other official duty at the University.
2. That the interest of my department/office in the University shall not suffer.
3. That the time spent on consultancy and related assignments shall be limited to the non-working days /holidays and the duration of my total consultancy work in a calendar year shall not be more than 60 days.
4. That the total annual income of my all consultancy work shall not exceed my gross salary for six months in a financial year.

(Consultant's Signature)

Address (Office)

_____	_____
_____	_____
_____	_____
_____	_____

(Countersigned with official stamp)
Head of the Dept / Branch / Office