

ANNAMALAI UNIVERSITY

Form for Accepting Consultancy

Name(s) of the Consultant(s)*	Designation	Department/Faculty	Contact details (Phone & E mail id)

* If more than one faculty is involved, Principal Consultant to be identified.

Title of the Consultancy work		
Name and address of the client (Please attach a copy of the client's letter duly attested by the consultant)		
Total consultancy amount ** (Excluding Service Tax) **Service Tax, at applicable rates, to be collected from the clients along with the consultancy charges	Rs.	(Rupees in words)
Number of Hours likely to be spent		
Equipment/instruments required		
Duration of the work	Starting date	Closing date
Budget Estimate	Manpower	- Rs.
	Travel expenses	- Rs.
	Consumables	- Rs.
	Equipment***	- Rs.
	External consultant	- Rs.
	Sub-contracting of part of the work	- Rs.
	Total expenses	- Rs.
Estimated honorarium for the consultant(s)	Rs.	
Overheads of the consultancy fees		

***For procurement of equipment university procedure shall be followed and the equipment shall not be handed over to the client.

Date:

Signature of the Consultant(s)

Recommendation of the HOD/Director of Research

Dr./Mr./Ms.is recommended/Not recommended to take up the above consultancy because.....

.....

Date

Signature of HOD

Signature of Director of Research

For Office use

Consultancy No.

Consultancy Type:

Date:

Forwarded to the Principal Consultant and HOD/Director

Date

Signature of the Superintendent

Date of completion of the assignment

Date

Certified that the consultancy assignment has been successfully completed and report submitted to the client. Copy of the letter to the client with acknowledgement is enclosed. The remuneration payable to the consultant may be released, as per the distribution of the honorarium, in the format attached.

Date

Signature of the Consultant(s)