

Office of Dean – Research & Innovation

**Mid Term Progress Report for Consultancy Works  
(For More than 6 Month Duration Projects)**

**Date:**

Name of the Department:	
Title of the Consultancy Project:	
Client / Funding Agency Details:	
Location:	
Starting Date of the Consultancy work:	<b>Internal / External</b> If External _____
Usage of Institution Resources: <i>If Institution resources are utilized - 60:40 ratio 60% to the institution and 40% as an incentive otherwise 40:60</i>	<b>YES / NO</b>
Percentage of Work Completed	
Amount received from the agency/client (Rs): (If Any)	
Tentative Date of Completion	

Consultancy Faculty Team:	
Brief Progress Report of the Consultancy Work (Attach Separate Sheet)	<b>Provide Major Tasks Completed:</b>
Details of the remaining tasks to be completed	

**Name and Signature of the Faculty Team**

- 1.
- 2.
- 3.

**Comments from HOD:**

**Head of the Department**

**Consultancy Coordinator**

**Dean – R&I**

**Vice Principal**

**Principal**