

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Duration of the Consultancy Project:	Date of Commencement _____ Expected Date of Completion _____
Completion status: (<i>Invoice can be raised only after 100% of completion of the work</i>)	YES / NO
Whether Invoice request received from the agency? (<i>Attach the Mail Copy</i>)	YES / NO
Total amount for the Consultancy Work (<i>Mention both in words and figure</i>)	
GST (Add 18%) (<i>Mention both in words and figure</i>)	
Total Amount including GST (<i>Mention both in words and figure</i>)	

Name and Signature of the Faculty Team

- 1.
- 2.
- 3.

Head of the Department

Dean – R&I

Vice Principal

Principal

Joint Secretary

Secretary