

**Approval of Consultancy Project**

**Date:**

Name of the Department:		
Title of the Consultancy Project:		
Client's Name and Address:		
Duration of the Consultancy Project:	<b>Date of Commencement</b> _____ <b>Expected Date of Completion</b> _____	
Whether MoU/ Agreement Signed with Client (Attach, if any):	<b>Signed / Not Signed</b>	
Purchase Order No./Reference letter from the agency/client attached:	<b>YES / NO</b>	
Location of the Consultancy Project:	<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>	
Details of Faculty and Supporting team involved in the Consultancy Project:		
<b>Name of the Faculty / Supporting Staff</b>	<b>Designation and Department</b>	<b>Signature</b>

**Consultancy R&I Coordinator**

**Head of the Department**

**DEAN – R&I**

**Vice Principal**

**Principal**

**Secretary**