

**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><br>If External _____ |
| Usage of Institution Resources:<br><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):<br>(If Any)   |   |
| Tentative Date of Completion   |   |

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

**Name and Signature of the Faculty Team**

- 1.
- 2.
- 3.

**Comments from HOD:**

**Head of the Department**

**Consultancy  
Coordinator**

**Dean – R&I**

**Principal**