

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

Principal

Secretary