

Approval of Consultancy Project

**Consultancy
FORM 3**

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 _____	
Whether MoU/ Agreement Signed with Client (Attach, if any):	Signed / Not Signed	
Purchase Order No./Reference letter from the agency/client attached:	YES / NO	
Location of the Consultancy Project:	Internal / External 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>	YES / NO	
Details of Faculty and Supporting team involved in the Consultancy Project:		
Name of the Faculty / Supporting Staff	Designation and Department	Signature

Consultancy R&I Coordinator

Head of the Department

Dean – R&I

Vice Principal

Principal & Joint Secretary