Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Raising Invoice and Bill Settlement

Students Consultancy FORM 2

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: (*Invoice can be raised only after 100% of completion of the work)*	**YES / NO**
Whether Invoice request received from the agency? (*Attach the Mail Copy)*	**YES / NO**
Total amount for the Consultancy Work *(Mention both in words and figure)*	
GST (*18% - As per Government norms*) *(Mention both in words and figure)*	
Total Amount including GST *(Mention both in words and figure)*	
GST Number of the agency	*Yes/No, Number* _____

Name and Signature of the Student and Faculty Team

1. Faculty 1
2. Faculty n
3. Student 1
4. Student n

Head of the Department **Dean – R&I** **Vice Principal**

Principal & Joint Secretary