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| --- | --- |
| **FORMAT FOR CONSULTANCY/TESTING PROPOSAL** | **Form CT-01** |

1. Title of the Proposal:

2. Type of Job: Consultancy ☐ / Testing ☐  
 National ☐ / International ☐

3. Origin of the Proposal (Maximum 1 page):

4. Whether institute laboratory/infrastructural facilities used? (Yes/No). If yes, please fill the corresponding details in Form CT-02 (Break-up charges (5))

5. Deliverables (Bullet wise):

Please enclose the request letter from the client.

6. Time Frame:

5a. Number of Days/Hours involved (4 hours and it's multiple):

5b. Cumulative number of Days/Hours involved for all ongoing projects   
 (4 Days/month, 1 Day = 8 hours):

**7.** CLIENT DETAILS*(Kindly fill in BLOCK letters):*

|  |  |  |
| --- | --- | --- |
| Firm Name | : |  |
| Firm Address | : |  |
| City | : |  |
| GSTIN | : |  |
| Contact Person Name and Designation | : |  |

8. Importance of the proposed Consultancy/Testing assignment in the context of current status (Maximum 1 page):

9. Expertise for carrying out Consultancy/Testing Work:

7a. Expertise available with the investigators in executing the Testing:

7b. Summary of roles/responsibilities for all Investigators: (If the proposal contains more than one Investigator, it is important to clearly mention the role of each Investigator in implementing the objectives of the proposal.)

|  |  |  |
| --- | --- | --- |
| S. No. | Name of the Investigators and Department | Roles/Responsibilities |
|  |  |  |

10. Estimate for Consultancy/Testing Assignment: Enclose **Form CT-02**

11. Provide the following details about the Consultancy/Testing/EDP proposals submitted/ongoing/ completed by the Investigators during the current and preceding financial year. The details should start with the CI, followed by CO-CIs:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Year:  20\_\_ - \_\_ | Name of Department of CI: | | | | | | |
| Type of Proposal | Submitted | | Ongoing | | Completed | |
| Total No. of Proposals | Total Cost | Total No. of Proposals | Total Cost | Total No. of Proposals | Total Cost |
| Current F.Y | Consultancy |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |
| EDP |  |  |  |  |  |  |
| Preceding F.Y | Consultancy |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |
| EDP |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial Year:  20\_\_ - \_\_ | Name of Department of Co-CI: | | | | | | |
| Type of Proposal | Submitted | | Ongoing | | Completed | |
| Total No. of Proposals | Total Cost | Total No. of Proposals | Total Cost | Total No. of Proposals | Total Cost |
| Current F.Y | Consultancy |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |
| EDP |  |  |  |  |  |  |
| Preceding F.Y | Consultancy |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |
| EDP |  |  |  |  |  |  |

12. Equipment available with the CI and Group/Co-CI and Group/Department/ that will be used for the consultancy/testing:

|  |  |  |
| --- | --- | --- |
| Equipment available with | Generic Name of Equipment/Software | Model/Module (with version), Make & Year of Purchase, Cost of equipment and funding through which equipment has been purchased (Institute, CRF, Departmental, Funding Agency) |
| CI and Her/His group |  |  |
| Co-CI and Her/His group |  |  |
| Department |  |  |

13. Provide the number of M. Tech and Ph.D. Scholars. (The list should start with the CI, followed by Co-CIs)

CI:

|  |  |  |
| --- | --- | --- |
| Type of Scholar | Completed | Registered |
| M. Tech |  |  |
| Ph.D. |  |  |

Co-CI:

|  |  |  |
| --- | --- | --- |
| Type of Scholar | Completed | Registered |
| M. Tech |  |  |
| Ph.D. |  |  |

Signature of HOD Signature of the Consultant in-Charge

Date: Date:

(Project originating from different departments shall be routed through the respective HODs of the CI and Co-CIs).  
(Attach a Declaration from CI/Co-CI as per **5.13)**  
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**FOR OFFICIAL USE ONLY**

Assoc. Dean (R&D) Dean (R&D)

Director