



# INDIAN INSTITUTE OF PETROLEUM AND ENERGY, VISAKHAPATNAM

## 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