



INDIAN INSTITUTE OF PETROLEUM AND ENERGY, VISAKHAPATNAM

CONSULTANCY/TESTING ASSIGNMENT PROPOSAL AGREEMENT FORM	Form CT-03
For office use :	CT/

TITLE OF THE CONSULTANCY/TESTING JOB

CONSULTANT INCHARGE:

Name : _____ Designation : _____
Department : _____
Telephone : _____ Email : _____

EXPECTED TIME SCHEDULE:

Duration : _____ years _____ months _____ weeks Start Date : _____

CLIENT DETAILS (Kindly fill in BLOCK letters):

Firm Name : _____
Firm Address : _____
City : _____
GSTIN : _____
Contact Person Name and Designation : _____

TOTAL CHARGES AND PAYMENT DETAILS:

Mode of Payment: By Cheque By Draft By Wire Transfer
Currency: Indian Rupees Other Currency (specify) _____
Payment Enclosed: Full Payment Part Payment

Total Value (in figures)	Total Value (in words)
Bank's Name and Branch	Cheque/DD/Wire Transfer No.
Cheque/DD/Wire Transfer amount	Cheque/DD/Wire Transfer Date

DELIVERIBLES AND TYPE

Deliverables:	Client Type (Please Tick)	
	Government Sector	<input type="checkbox"/>
	Private Sector	<input type="checkbox"/>
	Public Sector	<input type="checkbox"/>
	Funding Agency	<input type="checkbox"/>
	Foreign Organisation	<input type="checkbox"/>
	Others(specify)	<input type="checkbox"/>

Correspondence with Client: YES NO

AGREEMENT WITH CLIENT AND CONSULTANT

The agreement is subject to the Standard Terms and Conditions for undertaking Consultancy/Testing at IPE, Visakhapatnam unless specially agreed to otherwise, the details mentioned above have been read and are acceptable

Signature of CI with Date

Signature of Dean (R&D) with Date

Signature of Client with Date