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| **COEP TECHNOLOGICAL UNIVERSITY PUNE**  **(A Unitary Public University of Govt of Maharashtra)**  **Consultancy Assignment Approval** |  |

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| **CW No.**: | | | | Date: | |  |
| **Initiated By (Name of Dept. / COE):** | | | | | | |
| Name of the Client:  Address:  State: | | | | | | |
| Consultancy: Type 1 or Type 2 | | |  | | | |
| Brief Description of Work /**Contract letter to attach** | | |  | | | |
| Name of the faculty being engaged in the work / Dept.% distribution in case of group consultancy | | |  | | | |
| Justification as to why this consultancy work should be allotted to the faculty/ Justify use of consultancy work to academics | | |  | | | |
| For the current FY, No of consultancy till date | | |  | | | |
| Overall cost of the project for calculation of Consultancy fee if any | | |  | | | |
| Total consultancy fee, INR | **Basic fee, INR** | | **GST 18 %, INR** | | **Total, INR** | |
|  | |  | |
| Total INR. (in words): | | | | | | |
| Teaching load of faculty, Hrs./Week | | |  | | | |
| Total man-hours required to complete the work | | |  | | | |
| Time required to complete the work- days/ week | | |  | | | |
| Proposed date for commencement of work | | |  | | | |
| Proposed date of completion | | |  | | | |
| **Undertaking**  I, I \_ I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware that I will be available during working time in the University for  academic work and I will not spend more than 52 days over the weekends in a year for consultancy work. I shall submit a completion report having reference number assigned to each of the assignment/ consultancy work.  Date, Name & Signature of P.I. Date, Name & Signature of Co.P.I.(s) | | | | | | |
| **Recommended by HOD**  Remark:  **Date: Name: Signature** | | **Recommended by Director (R.I.I.L.)** Remark:  **Date: Signature:** | | | | |
| **Recommended by Registrar**  **Date: Signature:** | | **Approved / Not approved by**    **Date: Vice Chancellor:** | | | | |
| **For Finance Dept: PROFORMA RELEASE DATE & NO:**    (Faculty to submit Client details with Proof of GST certificate, photocopy of Pan card, client letter) | | | | | | |
| **GSTN: PAN number: TAN number:** | | | | | | |
| **Authorized Signatory from finance Dept.** | | | | | | |