

**Expression of Interest for Consultancy Project**

**Date:**

Name of the Faculty:		
Designation:		
Name of the Department:		
Date of Joining & Experience in Years		
No. of Consultancy Project Completed	Last 3 AYs:	This AY:
No. of Consultancy Project Ongoing		
Is this Consultancy Project Acquired by You?	<b>YES/ NO</b>	
Whether this Consultancy Project Comes under Your Area of Expertise?	<b>YES/ NO</b>	
Did you already work		
Title of the Consultancy Project:		
Name & Address of the Client:		

I express my willingness for this consultancy work and I will ensure that this won't affect my regular Department and Institutional level responsibilities.

**Signature of the Faculty**

**Recommendations of HOD**

**Signature of the HOD**

**Dean – R&I**