

**Date:**

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Duration of the Consultancy Project:	<b>Date of Commencement</b> _____ <b>Expected Date of Completion</b> _____
Completion status: <i>(Invoice can be raised only after 100% of completion of the work)</i>	<b>YES / NO</b>
Whether Invoice request received from the agency? <i>(Attach the Mail Copy)</i>	<b>YES / NO</b>
Total amount for the Consultancy Work <i>(Mention both in words and figure)</i>	
GST (Add 18%) <i>(Mention both in words and figure)</i>	
Total Amount including GST <i>(Mention both in words and figure)</i>	

**Name and Signature of the Faculty Team**

- 1.
- 2.
- 3.

**Head of the Department**

**DEAN – R&I**

**PRINCIPAL**

**SECRETARY**