

Consultancy Closure Report

Date:

Name of the Department:	
Consultancy Work Title:	
Client / Funding Agency Details:	
Contact Person Details (Name, Designation, Mobile No. and Mail Id)	
Location	
Period of the Consultancy work:	
Consultancy Faculty Team:	
Purchase Order No./Reference letter from the agency/client attached:	YES / NO Details:
Involvement of Any Third Party Client	YES / NO If Yes, Details

Whether MoU/ Agreement Signed with Client (Attach, if any):	Signed / Not Signed If Signed, Details of Percentage of Sharing
MCET Invoice No. with date:	
Total Amount received from the agency/client (Rs):	
Amount received from the agency/client (Rs):	YES / NO
Copy of the final report attached	YES/ NO (If No, attach the Abstract of the Report)
Closure Report from the Client Received (Attach Report from their letterhead or Mail if Any)	YES / NO

Declaration:

We assure you that, we have successfully completed the work to the fullest satisfaction of the client/vendor and will support them in further process if necessary.

Name and Signature of the Faculty Team

- 1.
- 2.
- 3.

Head of the Department

Dean – R&I

PRINCIPAL