**Form for Accepting Consultancy**

**CENTRE FOR SPONSORED RESEARCH AND CONSULTANCY (CSRC)**

|  |  |  |  |
| --- | --- | --- | --- |
| Names of the Consultant(s) \*# | Designation | Department/Centre | Contact details (Phone & E-mail id |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*If more than one faculty is involved, principal consultant is to be identified

# If more than one department is involved, the percentage share of overheads for each department /Centre may be indicated

|  |  |
| --- | --- |
| TITLE OF THE CONSULTANCY WORK |  |
| Name and address of the client (please attach the copy of the client’s letter duly attested by the consultant) |  |
| Total consultancy amount \*\*(Excluding Service Tax)\*\*Service Tax at applicable rates to be collected from the clients along with the consultancy charges | Rs. (Rupees in words) |
| No. Of Hours likely to be spent  |  |
| The machines/instruments required |  |
| Duration of the work | Starting dateClosing Date |
| Estimation of the expenses | Manpower - Rs.Travel expenses - Rs.Procurement of materials - Rs.Procurement of Equipment – Rs.External Consultant - Rs.Sub-Contracting of part of the work – Rs. Total expenses - Rs. |
| Estimated Honorarium for the consultant(s)\*\*\* | Rs.  |
| Overheads of the consultancy fees | 30% of the total consultancy |

\*\*\*1. Procurement of equipment should normally be avoided. If the work needs procurement of the equipment, University procedure should be followed and taken into the stock register. It should not be handed over to the client.

2. All the bills relating to expenses listed above should be certified by the principal consultant.

\*\*\* If there is no expenditure in the consultancy work, the 70% of the total consultancy will be the remuneration for the consultant.

Date: Signature of the Consultant(s)

**Recommendation of the Director, CSRC**

Dr/Thiru/Tmt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is recommended / Not recommended to take up the above mentioned consultancy, because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  (**Signature of Director, CSRC)**

**Permitted / Not permitted to take up the consultancy work**

**Date: Director, CSRC**

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**For Office use in CSRC**

Consultancy No. : Type: (consult or testing)/dept/SI.No/Year/Faculty

Date of entry in the Consultancy register

Forwarded to the consultant and HoD / Director

Date: Signature of the Verifying Official

Date of completion of the assignment Date:

Certified that the consultancy assignment has been successfully completed and report submitted to the client. Copy of the letter to the client with his acknowledgment is enclosed. The remuneration payable to the consultant may be released, as per the distribution of the honorarium, in the format attached.

Date Signature of the Consultant(s)

**CENTRE FOR SPONSORED RESEARCH AND CONSULTANCY (CSRC)**

**PAY-IN SLIP for Consultancy Assignments**

Consultancy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Total Consultancy Fee\*: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remittance: First ( ) Second ( ) Third Final ( ) instalment

**AMOUNT REMITTED RS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INVOICE NO IF ANY,**\_\_\_\_\_\_\_\_\_

Name of Client:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draft / Cheque No \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drawn on: \_\_\_\_\_\_\_\_\_\_\_

Name of the consultant: Signature of the Consultant

\*Service Tax, as applicable, will be deducted from the total receipts of the Consultancy Projects.

**Form for Payment of Remuneration / Honorarium to staff**

**Department / Centre**

Consultancy / Assignment No: Dated:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Dept/Centre | Name & Designation | Employee Id. No | Amount of Honorarium / RemunerationRs.  | Income TaxRs.  | Net amount | Bank a/c number  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Date: Signature of the Principal consultant

Date: Recommendation of the Director, CSRC

**CENTRE FOR SPONSORED RESEARCH AND CONSULTANCY (CSRC)**

**REQUEST FOR SANCTION OF TA / DA / REGISTRATION FEE FORM / PROJECT FUNDS**

 **Visiting Member Investigator (s) Other than Investigator**

**Purpose of Visit** (Letter of Invitation / announcement details to be attached)

Seminar Symposium Meeting / Discussion

Conference Registration Fee

Name & Designation:

Department

Basic Pay Rs. / Consolidated Pay Rs.

|  |  |  |
| --- | --- | --- |
| Name of the coordination | Project Number | Title of the Project |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date & Time of  | No. of Working days | Place(s) of visit | Details of Meeting / Programme |
| Leaving | Return |  |

The faculty member has to certify about alternate arrangement made for academic commitments during the absence from university.

Alternate arrangement made ( ) Not made ( )

 Signature of the Coordinator / Staff

|  |  |
| --- | --- |
| The visit of Mr/Dr/Prof. \_\_\_\_\_\_\_\_\_\_is required and is in connection with the consultancy / Project referred above and certified that provision exists and sufficient funds are available in the project for this travel under the head \_\_\_\_\_\_\_ | Forwarded Head of the Department / Director |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount of Regn. Fee** | **Cheque/DD to be drawn in favour of**  | **Mode of Travel\*** | **Class of Travel** |
|  |  | AIR/TRAIN/BUS |  |

**\*Justification** to be given for Mode/Class of Travel higher than his eligible limit.

Advance required (YES/NO) to be settled within 30 days of completion of the visit.

|  |
| --- |
| SANCTION / RECOMMENDATION OF THE DIRECDTOR / REGISTRAR/VICE CHANCELLOR **(as the case may be)****Director, CSRC Registrar Vice Chancellor** |

**FOR USE IN CSRC OFFICE**

|  |
| --- |
| Commitment for the above journeyRs.  |

**TA/DA** advance drawn Rs. and handed over on --------(dated) to

Dr/Thiru-------------------

Assistance/Superintendent

Final settlement / adjustment Rs. ---------- made on -------- (date)

 **DIRECTOR**

**MEMORANDUM OF UNDERSTANDING**

 **BETWEEN**

|  |
| --- |
|  |

 **AND**

**DR.M.G.R EDUCATIONAL AND RESEARCH INSTITUTE**

**UNIVERSITY, INDIA**

**ON**

**CONSULTANCY**

**Article 1**

1.1. Dr. M.G.R Educational and Research Institute, University and

 in the confident expectation that cooperation between the respective institution and industry will contribute to academic development and promote research related activities, have reached this Memorandum of Understanding.

1.2. The purpose of this Memorandum of Understanding is to set out the basic consensus about respective roles and responsibilities of the Parties in working cooperatively to develop and carry out collaborative activities in furtherance of the common interest of the institution and industry for consultancy work categorized as mentioned in the guidelines

**Article 2**

**2.1** In order to materialize such a cooperative relationship, the two Parties agree on the following specifics:

1. While a request is directed to the institute by the industry or organization requiring the consultancy services, the work will be allotted by the institution to a particular single consultant with or without his/her group of consultants who have relevant expertise pertaining to the title assigned by the industry.
2. In case of a customer choosing services from a particular consultant, the consultancy project may be generally offered to the recognized faculty with a proper approval from Registrar
3. All acceptance letters will be sent by the Director (CSRC) to the concerned Industries or agencies requiring consultation services from our University.
4. Consultancy project proposals prepared in response to a client’s request are to be sent along with an endorsement letter from the Registrar.
5. The consultation fee indicated in section IV is fixed and will not be negotiable and transferrable. However, new tariffs may be allowed if a fresh estimate is put forth.
6. Consultancy charges are eligible as per instructions given in the guidelines

2.2. Both Parties are committed to maintaining a Constructive and cooperative working relationship.

2.3. Each Specific program and activity that is implemented under the terms of this MOU shall be mutually discussed by both institutions.

**Article 3**

 This Memorandum of Understanding commences in the date it is signed by representatives of each party and be effective for the duration till which the consultancy work is scheduled. It can be extended by mutual consent of both parties.

 This Memorandum of Understanding is effective as of the date of execution by the appropriate Officer of each signatory institution.

**Article 4**

4.1 This Memorandum of Understanding is subject to change, renewal, and termination by mutual consent. Any alteration of amendment to this MOU must be made in writing, then agreed to and accepted by both institutions.

4.2 This Memorandum of Understanding is signed in two identical copies in English, of which each signatory receives one copy.

 Director (CSRC)

Dr. M.G.R Educational and Research Institute,

University

India.

Date: ……. Date: