**College of Engineering Pune (COEP)**

***Format for Approval to Consultancy-Assignment***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CW No.** | |  | | | | | Date: | | |  |
| **No. Given by Dean R & D** | | | | |  | | | | | |
| Name and address of the Client  and type of consultancy – Type1 or Type-2 | | | |  | | | | | | |
| GSTN of the client | | | | |  | | | | | |
| PAN number of the Client – Attach a proof | | | | |  | | | | | |
| TAN number of the Client – Attach a proof | | | | |  | | | | | |
| Service Accounting Code for GST – Pl see mail sent by Dean(R&D) to *coepf* | | | | | | | |  | | |
| Name of the Department/s of the consulting faculty in-charge/s | | | | |  | | | | | |
| Brief Description of Work | |  | | | | | | | | |
| Names of the faculty being engaged in the work (with sign) | | | |  | | | | | | |
| Justification as to why this consultancy work should be allotted to the faculty/ Justify use of consultancy work to academics | | | |  | | | | | | |
| How many consultancy works are presently being carried out by the faculty: Name them | | | | |  | | | | | |
| Total consultancy fee charged: basic fee + ST, write them separately | **Basic fee, Rs.** | | | **Service tax,**  **at %, Rs.** | **Total, Rs.** | | | | Total, Rs. (in words): | |
|  | | |  |  | | | |
| Amount Deposited in IRG A/c  (minimum 25% of the basic fee) | | | **Yes / No (Please Tick / Strike out ), If yes, the amount:**  **Rs.** | | | | | | | |
| Remaining Amount available for distribution | | | **Rs.** | | | Rs. in words: | | | | |
| % distribution in case of group consultancy mutually agreed upon: | | | | | | | | | | |
| In case of partial completion of work how much amount  is being spent till date and advance required if any: | | | | | | | | | | |
| Teaching load of faculty, Hrs/Week | | | | |  | | | | | |
| Total man-hours required to complete the work | | | | |  | | | | | |
| Time required to complete the work: days / week | | | | |  | | | | | |
| Additional man power is required? If yes, provide justification in detail on a separate page | | | | | **Yes / No (Please Tick / Strike out )** | | | | | |
| Date of start of the work | | | | |  | | | | | |
| Proposed date of completion | | | | |  | | | | | |
| **Consultancy Approval by HOD: Yes / No (Please Tick / Strike out )** Any Remark:  Name and Signature of HOD with date | | | | | | | | | | |
| **Consultancy Approval by Dean R and D:** Any Remark:  Signature of Dean R and D | | | | | | | | | | |

***Undertaking:*** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware that I will be available during working time in the college for academic work. I will not spend more than 52 days in year for consultancy work.

**Signature of Concerned Faculty**