**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 Clientand 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 amountis 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**