

# Form for Accepting Consultancy

## **CENTER FOR TECHNOLOGY DEVELOPMENT AND TRASFER ANNA UNIVERSITY: CHENNAI 25.**

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

<b>TITLE OF THE CONSULTANCY WORK</b>	
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)
Number of Hours likely to be spent	
The machines/instruments required	
Duration of the work	Starting date Closing date
Estimation of the expenses	Man power                      -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 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 HOD/Director**

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

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**Date**

**(Signature of HOD/Director)**

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

**Date**

**Director, CTD**

**For Office use in CTD**

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 Superintendent

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 acknowledgement 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)

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ANNA UNIVERSITY: CHENNAI 25.**

PAY-IN SLIP for consultancy assignments

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

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

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

**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/Testing assignment No:**

**Dated:**

Sl. No	Department/ centre	Name & designation	Employee Id.No	Amount of Honorarium/ Remuneration Rs.	Income Tax Rs.	Net amount Rs.	Bank a/c number

**Date:**

**Signature of the Principal consultant**

**Date:**

**Recommendation of the HOD/Director**