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**CONSULTANCY PROJECT PROPOSAL FORM**  
**(For Internal use only, to accompany all project proposals)**

- I. (A) Title of the project :
- (B) School(s) :
- (C) Principal Investigator :
- (D) Co-investigators with affiliation :
- (E) Sponsoring Agency being approached :
- (F) Value of the project proposed :  
(Please specify the share of IIT Mandi  
If more partners are involved)
- Institute Overhead percentage and  
Proposed amount :
- (G) Duration of the project proposed :
- (H) Attachments : (i) Proposal along with budget   
(ii) Consultancy Agreement   
(iii) Any other information

I/We hereby confirm that the proposal is original and is currently not under consideration by any funding agency.

\_\_\_\_\_  
**Investigator(s)**

\_\_\_\_\_  
**Comments:**

**School Chair** \_\_\_\_\_

\_\_\_\_\_  
**Comments:**

**AD (SRIC)** \_\_\_\_\_

\_\_\_\_\_  
**Comments:**

**Dean (SRIC)** \_\_\_\_\_

\_\_\_\_\_  
**Approved / Not Approved**

**Director**

**Note:** SRIC office may ask for the additional information as per requirement.

### Consultancy Project Agreement

Project Title :

Name and Address of the Company :

GST no. of the company :

Name of the Representative :

Phone:

Fax:

E-mail:

\*Principal Consultant:

S.No	Name of the Consultant	Employee No	School
1*			

Project Cost (with overhead):

Service tax (as per govt. norms):

Total Project Cost :

Duration of proposed work :

Date of Commencement :  
(From the date of receipt of funds)

Date of Completion:

Scope of proposed work:

We agree to the above proposal and also to the SRIC terms & condition of IIT Mandi	
Signature	Signature
(Principal Consultant, IIT Mandi)	(Authorized signatory of the client)
Name:	Name:
Date:	Date:

For office Use

School Chair	SRIC Office
Comments	Project No.
Signature	Date
	Signature
	Dean (SRIC)