|  |  |
| --- | --- |
| ait big letter head scan - Copy | **Dr. Ambedkar Institute of Technology**(An Autonomous Institution, Aided by Government of Karnataka, Affiliated to Visvesvaraya Technological University, Belagavi), Near Jnana Bharathi Campus, Mallathahalli, Bengaluru – 560 056 |

**Form for Undertaking Consultancy Work**

From,

Name of the Consultant

Professor,

Dept. of Name,

Dr.AIT, Bengaluru – 56.

Date: 22/06/2021

Through,

The HEAD,

Dept. of Name,

Dr.AIT, Bengaluru – 56.

To,

The Principal,

Dr.AIT, Bengaluru – 56.

Respected Mam,

Sub: Approval for undertaking consultancy work

1. Name of Consultant(s):
2. Department(s):
3. Name of the entity offering consultancy project:
4. Address (including Contact details):
5. Type of entity requiring consultancy- Government, semi-government, Autonomous, private etc.
6. Brief description of the work
7. Cost estimate under the Consultancy Rules

|  |  |
| --- | --- |
| **Description** | **Cost Estimate** |
| Consultant Fee (CF) |  |
| External Consultant |  |
| Charges for Personnel in Technical  |  |
| Services/hiring of workers |  |
| Project Staff Wages  |  |
| Operational Expenditure  |  |
| Any other (Specify)  |  |
| Capital Equipment  |  |
| Total |  |
| Service tax only for applicable items |  |
| Total |  |

\* Specify Nil if not applicable

Consultant’s Signature with Department Seal

HOD’s Signature with Seal

|  |  |
| --- | --- |
| ait big letter head scan - Copy | **Dr. Ambedkar Institute of Technology**(An Autonomous Institution, Aided by Government of Karnataka, Affiliated to Visvesvaraya Technological University, Belagavi), Near Jnana Bharathi Campus, Mallathahalli, Bengaluru – 560 056 |
|  |

**CONSULTANCY DISBURSAL FORM**

From,

Name of the Consultant

Professor,

Dept. of Name,

Dr.AIT, Bengaluru – 56.

Date: 22/06/2021

Through,

The HEAD,

Dept. of Name,

Dr.AIT, Bengaluru – 56.

To,

The Principal,

Dr.AIT, Bengaluru – 56.

Respected Mam,

Sub: Consultancy Disbursal

1. Name of Consultant(s):
2. Department(s):
3. Amount Received:

Total amount received will be shared in ratio of 60:40 between the Consultant(s) and Dr.AIT, Bengaluru. I undertake that the work has completed successfully and no issue is pending.

 Signature of the Consultant

**Dr.AIT CONSULTANCY ACCOUNT DETAILS**

**Bank Name:** Canara Bank

**Branch**: Dr.AIT Branch

**Account Number**: 04862010044078

**Account Holder Name:** M/s Principal Consultancy AC

**IFSC Code:** CNRB0010486

**NOTE: Accounts section will send the information back to the Principal, DEAN(III), Department HEAD and the Consultant after receipt of money.**