

Remuneration Form for Consultancy

Date: _____

Name of the Resource Person: _____

Designation: _____

Department: _____

Type of Consultancy: _____

Client: _____

Duration of Consultancy (mention dates also): _____

Resources of college used (if any): _____

Consultancy amount (in INR): _____

Transaction Details:

Date	Transaction No.	Amount (Rs)	Account officer for verification & remark (If any)

Sr. No.	Name of Person	Employee Id	Amount (Rs)

I hereby declare that the above mentioned particulars are true to the best of my knowledge and belief and thus, I request the concerned official to sanction the remuneration as per the institute's policy (i.e., 75% of the consultancy amount, Rs) to the following heads as given below.

Name & Signature

Head of Department

Head-IRCDC

Director