

INDIAN INSTITUTE OF TECHNOLOGY INDORE (Annexure - 6)

(CONSULTANCY CLOUSER FORM for PROJECT COMPLETION)

Title:	
(1) Consultant (PI):(2) Consultant 1st(Co-PI)(3) Outside Investigator/ Expert	
FundingAgency/Company Name:	
Amount Including GST:	
Details of Objectives met as per the milestones	
Details of the deliverables	
Details of Man power training (if applicable)	

Signature of the representative of the Firm/Company With Date and Seal



INDIAN INSTITUTE OF TECHNOLOGY INDORE <u>Consultancy Project (Disbursement Form)</u>

Sl.	Contents	Details	
1	Name of employee _PI (Write in Block Letters)		
2	Name of employee Co-PI (Write in Block Letters)		
3	Name of the Outside Investigator / Expert		
4	Title of Project		
5	Industry/client		
6	Total Project Cost		
7	Operational Expenses		
8	Registration no. /File no. (for office use)		
9	Project: T category (Testing Projects) () / E category (Expert advice) () or Research and Development Project () (Tick Mark as required)		
Request you to kindly transfer my share of the consultancy fee into my salary account for the consultancy project undertaken by me as follows:			
		Particular	Amount in (Rs.)
1		cy Fee - PI (As per project cost sheet)	
2		nebursement of Consultancy Fee – 1st Co-PI (As per project cost sheet)	
2	Name		
		Net Total Amount to be Disbursed→	

Declaration: -

It is certified that the consultancy Project has been successfully completed, and the report is submitted to the client on ---/---- duly attached with this form.

1. The consultancy project is complete, and all deliverables have been accepted as per the agreed terms. 2. I will receive the final disbursement of consultancy funds upon project closure. 3. I assume full responsibility for any future liabilities related to the project. 4. IIT Indore is not liable for any post-closure issues, and I will indemnify the Institute against any claims. 5. This undertaking remains valid regardless of project closure or my employment status. I confirm that this information is true to the best of my knowledge.

Signature of Consultant/ Principal Investigator -PI

Signature of Consultant/ Principal Investigator -1st Co-PI

For the use of the R&D Department		
Sr. No.	Particular	Amount (Rs.)
1	Operational Expenses as on Date (Opening Balance)	
2	Actual amount of O.E. passed	
3	Operational expenses (Closing Balance)	

To: R&D for Payment