** JAMAL MOHAMED COLLEGE (AUTONOMOUS)**

**TIRUCHIRAPPALLI - 620020.**

**REQUISITION FOR CONSULTANCY SERVICES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation/ Individual |  | | | | | GST No. | |  |
| Full Registered Address |  | | | | | | | |
| Website |  | | | | | | | |
| About the Organisation  (Strike off irrelevant) | Proprietary / Partnership LLP / Limited Company | | | | NGO/  Any other | |  | |
| Contact Details | Mobile |  | | | E-mail | |  | |
| Department / Centre conducting consultancy |  | | | Area of Consultancy |  | | | |
| Specific requirements | 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| * This requisition will be subject to the Consultancy Policy of Jamal Mohamed College. * The information given above are factual and correct according to the records maintained by the Organisation and is submitted with genuine intention to establish a professional relationship. | | | | | | | | |
| Name of Applicant | | | Designation | | | | | Signature with date |
|  | | |  | | | | |  |

***Checked and verified by:***

Signature of the faculty member Signature of the HOD /

with date Coordinator with date

***Forwarded by: Approved by:***

Signature of the Dean Research Signature of the Principal

with date with date

**Enclosure: Proforma - A/ B**

**Proforma - A**

**JAMAL MOHAMED COLLEGE (AUTONOMOUS)**

**TIRUCHIRAPPALLI - 620020.**

**BUDGET PREPARATION FOR ADVISORY CONSULTANCY**

|  |  |  |
| --- | --- | --- |
|  | Travel |  |
|  | Contingency |  |
|  | Subtotal = T |  |
|  | Consultancy fee |  |
|  | Service charge GST (18%) = S |  |
|  | Total project cost (P) = T+X+S |  |

***Checked and verified by:***

Signature of the faculty member Signature of the HOD /

with date Coordinator with date

**Proforma - B**

** JAMAL MOHAMED COLLEGE (AUTONOMOUS)**

**TIRUCHIRAPPALLI - 620020.**

**BUDGET PREPARATION FOR GENERAL CONSULTANCY**

**A. Non-Recurring (Capital Cost) Equipments**

**B. Recurring** (Direct expenses)

|  |  |  |
| --- | --- | --- |
|  | Cost of man day charges /man power /salary |  |
|  | Equipment usage charges |  |
|  | Charges for utilizing Central facilities |  |
|  | Chemicals/consumables |  |
|  | Travel |  |
|  | Contingency |  |
|  | Consultation fee = X (not less than 33.3%; rounded off to 35% of the total budget T) |  |
|  | Service charge GST (18%) |  |
| **Total** = T (A+B1+B2+B3+B4+B5+B6+B7+B8) | |  |

***Checked and verified by:***

Signature of the faculty member Signature of the HOD /

with date Coordinator with date