SOPHIA GIRLS' COLLEGE AJMER
(Autonomous)

FORM FOR CONSULTANCY SERVICES

Approval for Consultancy Projects / Services submitted to Sophia Girls' College, Ajmer (Autonomous)

1. Name of the Organization for whom work is to be undertaken :

2. Nature of work to be undertaken :

3. Probable duration of Consultancy :

4. Consideration money

Category		Amount
Total receivable		
Service Tax, if any		
Total Estimated Expenditure	Consumable Items	
	Travel	
	Contingency	
	Any other	
NET AMOUNT		

5. Value of Sophia Girls College, Ajmer (Autonomous) resources involved , if any

a) Time of other staff : b) Equipment and Consumables :

c) Other resources :

6. Permission may please be accorded to undertake outside Consultancy activities

Name of the Consultant ……..Designation ……

Signed…….. Dated……..

7. Recommendation of Head of Department: I recommend the work outlined above being undertaken. Alternate arrangement during her/his non- availability will be made and the assignment would be in the interest of the College.

Head of the Department ……(Sign) Dated……

Coordinator, Research and Development Cell ……(Sign) Dated……

Head of the Institution ……(Sign) Dated……