



SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY SURAT - 395007
Office of the Dean Research & Consultancy

Form-CP-1.1 – Form for Consultancy Project Registration

(To be filled in by the Faculty member assigned to undertake the consulting work, for onward submission through the HoD)

No:

Date:

Sr. No	Item	Details
1.	Name of the Principal Faculty member & the affiliating department	
2.	Name of the Associated Faculty members & the affiliating department (if applicable)	
3.	Title of the Consultancy Assignment	
4.	Name, E-mail & Phone no. of the Firm Soliciting Consultancy from SVNIT (Enclose request letter)	
5.	Types of the Assignment	[] High-Impact Consultancy [] Low-Impact Consultancy () Routine Consultancy () TPI () Testing () Others
6.	Nature of Work	[] Confidential [] Not Confidential
7.	(a) Estimated Duration (b) Estimated Visits	(a) (b)
8.	Date of Commencement	
9.	Total Amount (Rs.) Plus Taxes	
10.	Attachments (Please tick)	<input type="checkbox"/> Request letter <input type="checkbox"/> Proposal / Estimate <input type="checkbox"/> Work Order Any other relevant document

I certify that the information contained in this form and in the attached document(s) is true and accurate according to my knowledge.

Signature &

Name of the PC

Members of the Departmental Consultancy Cell

Head of the Dept.

FOR THE USE OF R&D OFFICE ONLY

Consultancy Project Identification Number	_____
	Signature of the ODRC Staff

Dean, R&C