

SARDAR PATEL UNIVERSITY

CONSULTANCY SERVICES

PROFORMA INVOICE

PROFORMA INVOICE			
Invoice From	SARDAR PATEL UNIVERSITY VALLABH VIDYANAGAR	Proforma Invoice No.	
		Date	
		Tax Reg. No.	
		PAN No.	
Invoice To	Name of the Client		
	Full postal address		
Particulars		Amount (Rs.)	
		Sub Total	
		Taxes	
		Any other charges /levies	
		Net Amount	
		Total	
Amount Chargeable (in words) : Rupeesonly.			
Mode of payment (Kindly tick) Demand Draft <input type="checkbox"/> Electronic Transfer <input type="checkbox"/>			
1. For Demand Draft, No.datedin favour of "Registrar, Sardar Patel University" payable at Vallabh Vidyanagar drawn at Bank			
2. For Electronic Transfer, UTR No. datedfrom Bank			
3. TDS as applicable			
		For Registrar, Sardar Patel University (Authorized Signatory or Principal Investigator)	
Name:			
Designation:			
Department:			

For Category 1 and Category 2

Proforma 1

SARDAR PATEL UNIVERSITY
APPROVAL FOR CONSULTANCY SERVICES
(TO BE SUBMITTED TO UIIC CELL)

Date :

CATEGORY OF CONSULTANCY

Category 1 : Individual Consultancy

Category 2 : Institutional / Departmental Consultancy

1. Name of the Principal Investigator :
2. Name (s) of staff members (s)
In – charge of the work :
3. Laboratory & Department(s)/
Centre undertaking the work :
4. Organization for whom work is undertaken :
5. i) Date of commencement :
ii) Date of completion :
6. Total consultancy fees :Rs.
7. In the case of interdepartmental :Name of the Dept. /Centre . % of Share
Assignments** (Please indicate percentage
Of share amount between departments /
Centres concerned)

** In case of interdepartmental assignments, the signatures required from the concerned Heads of the Departments

- Encl:**
1. Copy of the consultancy letter from the organization (Proforma)
 2. Copy of the signed standard terms and conditions (Proforma)
 3. Details of the expenditure for material used

PRINCIPAL INVESTIGATOR

HEAD OF THE DEPARTMENT

REGISTRAR

SARDAR PATEL UNIVERSITY

CONSULTANCY DISTRIBUTION PROPOSAL

(For internal use only)

Date :

CATEGORY OF CONSULTANCY

Category 1 : Individual Consultancy

Category 2 : Institutional / Departmental Consultancy

1. Name of the Principal Investigator :
2. Department :
3. Laboratory & Department(s)/
Centre undertaking the work :
4. Organization for whom work was done :
5. Approval No. & Date :
6. Amount paid by the organization and
Receipt No. & Date :
7. Distribution proposal :
 - i) Total consultancy fees collected : Rs.
From the organization
 - ii) Taxes (if any) : Rs.
 - iii) Total expenditure : Rs.
(Material and consumables used)
 - iv) Legal charges, if any : Rs.
.....
 - (v) Balance amount : Rs.**
Item 7(i)- [7(ii)+7(iii)+7(iv)]
.....

KINDLY CHOOSE WHICHEVER IS APPLICABLE

For Category 1 : Individual Consultancy,

For PI and team members 70% of
Balance amount : Rs.

For department development facilities
15% of balance amount : Rs.

For university development facilities
15% of balance amount : Rs.

For Category 2 : Institutional / Departmental Consultancy,

For PI and team members 60% of
Balance amount : Rs.

For department development facilities
20% of balance amount : Rs.

For university development facilities
20% of balance amount : Rs.

ENCL:

1. Details of the expenditures for materials used
2. Technical report duly signed by Principal Investigator and Client / Technical Representative of Client
3. The statement on the amount to be distributed among the staff members (both teaching and non – teaching)
4. In case of interdepartmental assignments, signatures required from the concerned Heads of the Departments along with the statement on the amount to be distributed

PRINCIPAL INVESTIGATOR

HEAD OF THE EPARTMENT

REGISTRAR

(To be Typed on the Client Organization Letter Pad)

LETTER FOR CONSULTANCY

Date :.....

Project Title :

Name and Address of the Organization :

Name of the Representative :

Designation :

Telephone :

Fax :

Email :

Name of the Principal Investigator :

Designation :

Department :

Telephone :

Fax :

Email :

Project Cost :

Service Tax :

Total Project Cost :

Duration of the Proposed Work :

Date of Commencement :

Scope of the Proposed Work :

Any other Relevant Details :

WE AGREE TO THE ABOVE PROPOSAL AND ALSO THE STANDARD TERMS &
CONDITONS OF Sardar Patel University, Vallabh Vidyanagar.

Authorized Signatory of the Organization

Signature :.....

Name :

Designation :.....

Date :