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| Laboratory: |  | **Lab Proposal No:** |
| Section: |  | Date: |
| Department: |  | Ref. No.: |

***EXPERT CONSULTANCY PROPOSAL (EA)***

|  |  |  |
| --- | --- | --- |
|  | 1. Name of the Organization   (With full address in capital letters) |  |
|  | 1. Reference Letter   (From Organization – Date) |  |
|  | 1. Name of the Project |  |
|  | 1. Location |  |
|  | 1. Nature of Proposed Work |  |
|  |  |  |
|  | 1. No. of man hours required |  |
|  | 1. Approximate cost per man hour |  |
|  |
|  | 1. Total Testing Charges = (a\*b) |  |
|  | 1. Institute Share = 40 % of 3(c) |  |
|  | 1. Faculty and Staff Share = 60 % of 3 (c) |  |
|  | 1. Administrative Charges = 10 % of 4 (a) (Non-Technical Persons involved) |  |
|  | T.A. & D.A. (if any) |  |
|  | Miscellaneous Charges (give details overleaf) |  |
|  | **Sub Total (3c + 5 + 6)** |  |
|  | GST (18 % on 7) |  |
|  | Total Consultancy Charges (7+8) |  |
|  | *Name and Designation of the staff members associated with the work* |  |

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| --- | --- | --- |
| **Job coordinator** |  | **Head** |
|  |  |  |
|  |  |  |
| **Associate Dean (R & C)** | **Dean (R & C)** | **Registrar** |

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|  | **Director** |  |
|  | **NIT Andhra Pradesh** |  |