|  |  |  |
| --- | --- | --- |
| 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* |  |

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

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