

INDIAN INSTITUTE OF TECHNOLOGY, MADRAS

To be sent to ICSR Office in DUPLICATE

PROPOSAL FOR DISTRIBUTION OF IC/RB/RC**Approval No:****Date of Approval:****Name of the Client**

1. TOTAL BALANCE AVAILABLE AS PER ACCOUNT'S STATEMENT Rs.

2. PARTIAL DISTRIBUTION AMOUNT Rs.

3. EXPENDITURE

a) To be Transferred to Labcode (_ _ _ _ _]

Equipment Utilisation Cost ...

Stores Consumed ...

Central Facilities ...

Others (Specify) ...

b) Amount Transferred to IIT A A/C

Power/Water/Others ...

Sub Total of (a+b)

4. BALANCE (Sl.No.1- Sl.No.3) /(Sl.No.2-Sl.No.3 In case of Partial Distribution) Rs.

*5. INSTITUTE OVERHEAD (20% of Sl.No. 4) ----- Rs.

6. AMOUNT AVAILABLE FOR DISTRIBUTION (Sl.No.4 – Sl.No.5) ----- Rs.

7. TOTAL P.C.F.SHARE (Individual's share to be given separately) ----- Rs.

8. NET AMOUNT AVAILABLE FOR DISTRIBUTION (Sl.No.6 – Sl.No.7)--- Rs.

.....
Principal Consultant

To: The Dean IC & SR, IIT Madras

INDIAN INSTITUTE OF TECHNOLOGY, MADRAS

EQUIPMENT UTILIZATION IN CONSULTANCY PROJECTS

(To be furnished along with the Consultancy Distribution Form)

Approval No:

Date of Approval:

Name of the Client _____

1. Equipment Utilization Cost

Rs. _____

Amount to be transferred to Lab Code _____

Kindly indicate NIL, if there is no Equipment Utilization in this project.

.....
Principal Consultant

.....
Head of the Dept. /Centre

To
The Dean IC & SR, IIT Madras

INDIAN INSTITUTE OF TECHNOLOGY, MADRAS

Distribution of Honorarium to Staff

Enclosure to Distribution proposal ref. ICSR/.....
Quote the relevant ICSR approval No.& date(s))

Department:

Laboratory:

Sl. No	Name and Designation	Employee No and Pay Bill No.	Amount of Honorarium	Income Tax*	Net Amount*	Acquittance by payee / through Bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Signature of the Consultant/Project leader

NOTE: *columns 5 & 6 will be filled in by the Accounts Section.

INDIAN INSTITUTE OF TECHNOLOGY, MADRAS

CONSULTANCY PCF DISTRIBUTION

Enclosure to Distribution proposal ref. ICSR/.....

(Quote the relevant ICSR approval No. & Date(s))

Sl.No.	NAME	IIR No. (Emp.ID No.)	PCF (AMOUNT) Rs.
1.			
2.			
3.			
4.			
5.			
TOTAL			

Signature of the Consultant / Project leader

No. ICSR:

Date:

Referred to Project Accounts Section for verification of all expenditure mentioned on prepage and arrange for payment

To

The DR IC & SR
I.I.T Madras

Payment of Rs. as remuneration to the staff members as indicated in this distribution proposal has been approved by the Director.

For Central Administration: Rs.

DR (Finance & Accounts)

PROFORMA FOR FURNISHING REVIEW STATUS OF PROJECTS

(To accompany distribution proposal)

1. Title of the consultancy Assignment & No. :

:

2. Department / Center :

3. Principal Consultant :

4. Co-Investigator(s) :

5. Client :

6. Value of the Assignment :

7. Date of Commencement :

8. Closure date :

9. Extension, if any :

10. Review meeting details :

First

Second

Third

Fourth

Date

Venue

Recommendations of the
Review Committee

11. If Review meetings are not held, please state
how the satisfactory progress / completion of the
work has been assessed :

12. Any other remarks :

Date :

Signature of the Principal Investigator

Name:

Encl : Relevant communications / Minutes