

CENTRE FOR INDUSTRIAL CONSULTANCY & SPONSORED RESEARCH

IIT MADRAS

Consultancy Project Agreement

Project Title: _____

Name of the Company: _____

Registered Address: _____

GSTIN: _____ PAN: _____ TAN : _____

Name of the Representative: _____

Phone: _____ Fax: _____ Email: _____

*Principal Investigator

S.No	Name of the Investigator (s)	Employee ID. No.	Dept/Centre
1*			
2			
3			

Total Project Cost Rs. _____ Is GST included Yes ☐ No ☐

Date of Commencement _____ Date of Completion _____

Scope of work: _____
 (Enclose copy of the proposal) _____

Work order / NDA/ MoU/ Agency Concurrence is attached : Yes ☐ ☐ No

Payment terms: _____

Type of Project : ☐ RB ☐ IC ☐ RC ☐ ** CC ☐ TT

*I agree to the above proposal and also to the terms & conditions given overleaf.

Signature: (Principal Investigator, IIT Madras) Name: Date:	Signature: (Authorized signatory of the client) Not required if signed agreement is attached Name: Date:
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Head of the Dept/Centre Signature: Date:	ICSR Office use Registered Project No: Date: Signature
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** Indicate CC Project No. _____ Sub Project No. _____