



श्री माता वैष्णो देवी विश्वविद्यालय
SHRI MATA VAISHNO DEVI UNIVERSITY

Kakryal, Katra-182320, Jammu & Kashmir
Recognized under Section 2(f) & 12(B) of the UGC Act, 1956
registrar@smvdu.ac.in

Ref. No.: SMVDU/IRDU /19/037

Date: 02nd May, 2019

ADDENDUM

Sub; Revised formats for Consultancy Assignment Proposal

In continuation to the Office Notification issued vide no. SMVDU/IRDU/31st AC-ATR/19/485, dated: 7th Feb., 2019 and as approved by the Competent Authority, the revised format for Consultancy Assignment Proposal (Form no. IRDU/02) stand notified, for information of all concerned.

All Faculty Members are requested to utilize the same. It is available on the University website www.smvdu.ac.in.


Registrar
K. P.

Enclosure: As above

Copy to:

1. All Deans/ I/c Deans, for information and compliance.
2. Heads/ I/c Head, for information and circulation to all f faculty members for strict compliance.
3. PS to VC, for kind information of the Hon'ble Vice Chancellor.
4. I/c Website, or information and uploading of the same on the University website.
5. Concerned File.



Shri Mata Vaishno Devi University

Kakryal, Katra-182320 (J&K) INDIA

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Form no. IRDU/02: Consultancy Assignment Proposal and Agreement Form

1. **Title of the Consultancy :**
(kindly fill in BLOCK letters)

Scope of the Consultancy(attach separate sheet, if necessary)

- 2.

3. **Details of the consultant in charge & co consultant in charge**

	Employee's Name with Employee Code	Designation	School/Centre	Signature	Contact Details (Email, mobile no. & EPBAX)
CI:					
Co-CI:					
Co-CI:					

4. **Expected Time Schedule**

Duration:

Years: _____ Months: _____ Weeks: _____

Starting date: _____

5. **Consultancy Type (please tick)**

Client Type (please tick)

Product Development		Private Sector	
Process Development		Govt. Sector	
Checking of Design		Public Sector	
Checking of Analysis		Funding Sector	
Report Writing/ Evaluation Advice		Funding Organization	
Testing & Interpretation		Foreign Agency	
Architectural Design		Others (please specify)	
Structural Design			
Others (please specify)			



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6. Client Detail (kindly fill in BLOCK letters)

Firm's Name:			
Contact Person:		Designation:	
Contact:	Address:		
	Pin code:		Mobile Number:
	Phone no. with Ext.:		Fax:
	E-mail:		

7. Break up of total charges:		
Budget Head of Description	Budget Code	Amount (Rupees)
A. University Charges (@ 25% of total charges)	UNIVOHS	
B. Fee for Scientific & Technical Advice (Consultancy distribution to be decided by CI concerned)		
Fee for CI:		
Fee for Co-CI:		
Fee for Co-CI:		
C.	Total Charges (A+B)	
D.	GST @% of C (Total Charges)	
E.	Gross Amount (C+D)	

8. Total charges and payment details:						
Mode of Payment:	By Cheque	<input type="checkbox"/>	By Draft	<input type="checkbox"/>	Telegraphic Trans	<input type="checkbox"/>
Currency:	Indian Rupees	<input type="checkbox"/>	Foreign*	<input type="checkbox"/>	*Please specify _____	
Payment	Full Payment	<input type="checkbox"/>	Part Payment	<input type="checkbox"/>		

Remarks:

9. If, Payment enclosed:			
Total Value	Figures		Words
Bank's Name & Address			
DD/Cheque Details	Account No.	Cheque Number	Date
Telegraphic Trans	Account No.	Trans. Number	Date



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- 10. Note:** Please enclose written communication from the client organization in original clearly indicating the title of the consultancy job, scope of work, duration, amount of consultancy, deliverables, etc.

Please mention:

Letter Ref. No.: _____ dated: _____

Signature of Co-Consultant (s)

Name:

Date:

Signature of Consultant In charge

Name:

Date:

Signature of Head of School

Name:

Date:

- 11. Forwarded to IRDU for processing:**

University Charges (@ 25% of total charges) included

Yes No

- 12. Forwarded to Dean (R&D)** SO(IRDU) _____ AR(IRDU) _____

Remarks:

Signatures _____

Date: _____

- 13. Orders of Hon'ble Vice Chancellor: Approved/ Not Approved** _____

- 14. Forwarded to Registrar for necessary action**

Signatures _____

Date: _____

- 15. AR (IRDU) for further necessary action**



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16. Check List:

- | | | |
|---------------------------------|-----|----|
| 1. Original letter from Client: | Yes | No |
| 2. Undertaking from Consultant | Yes | No |

17. Guidelines:

1. Undertaking:

“All consultancy work will be done on Saturdays/ Sundays and after working hours on week days unless exceptional circumstances arises, once in fortnightly may be allowed after taking scheduled classes and approval of the Head concerned.

2. Terms and condition of consultancy:

- The minimum total charges for a consultancy job must be Rs.10,000 /- (excluding% GST);
- All consultancy proposals shall be accompanied with a written communication from the client organization in original clearly indicating the title of the consultancy job, scope of work, duration, amount of consultancy, deliverables, etc;
- Registrar will examine the proposal and process the same to obtain the approval of the Competent Authority. The Competent Authority for approving the proposal is the Vice Chancellor;
- The work on consultancy job shall be undertaken only after the prior approval of the Competent Authority and after Registrar issues a notification.

3. Agreement with the firm shall be entered into and a copy of same shall be submitted after the proposal is approved by the Competent Authority.



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UNDERTAKING

I undertake that all consultancy work will be done by me on Saturdays/ Sundays and after working hours on week days unless exceptional circumstances arises, I may be allowed once in fortnight to do consultancy work after taking scheduled classes and with prior approval of the Head concerned.

Agreement with the firm shall be entered into and a copy of same shall be submitted after the proposal is approved by the Competent Authority.

Signature of Consultant In charge