



**Centre for Scientific and Industrial Consultancy
INDIAN INSTITUTE OF SCIENCE, BANGALORE**

For CSIC Office Use
Date Received _____
CP No. _____

CONSULTANCY PROJECT PROPOSAL

	TYPE OF WORK	<input type="checkbox"/> Long-Term <input type="checkbox"/> Short-Term <input type="checkbox"/> Royalty <input type="checkbox"/> Technology Transfer		
1.	PROJECT TITLE	_____		

2.	CONSULTANT(S)			
	Name	Designation	Dept.	
	2.1			
	2.2			
	2.3			
	2.4			
	2.5			
3.	CLIENT			
	3.1 Name of the Organisation	_____		

	3.2 Contact Person (Name & Designation)	_____		
	11.2 Address for Communication	_____		

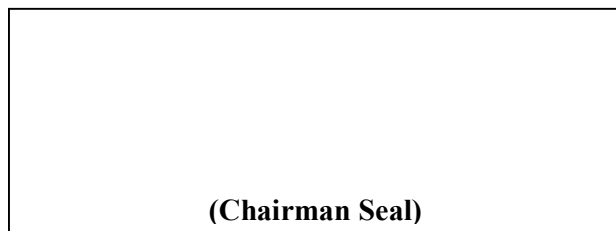
	3.4 Phone _____ Fax _____ Mobile _____	Email _____		
	3.5 Type of Organization	<input type="checkbox"/> Government (Central/ State) <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Other (Specify)		
4.	TIME SCHEDULE			
	4.1 Project Duration	_____		
	4.2 Limits on (earliest/ latest) starting date	_____		
5.	SCOPE OF WORK (To be communicated to client)			
6.	6.1 Utilization of Services of Supporting Staff			
	Name	Designation	Dept	
	(i)			
	(ii)			
	(iii)			

	(iv)				
	6.2 Outside expert(s) whose services may be utilized				
	Name	Designation	Organization		
	(i)				
	(ii)				
	(iii)				
	(iv)				
	6.3 Number of SAP (Student's Assistance Programme) hours:				
	6.4 Recruitment of Temporary Project Staff				
	Designation/s	Number of Post(s)			
	(i)				
	(ii)				
	(iii)				
	(iv)				
7.	COMMITMENTS OF CONSULTANT(S)				
	7.1 Travel (number & places of visit) :				
	7.2 Tests (number & type) :				
	7.3 Advice/ guidance (upto what stage) :				
	7.4 Training (number of persons & duration) :				
	7.5 Contact time (hours per week/total hours) :				
	7.6 Any special clause(s) to be incorporated in the project offer :				
8.	CLASSIFICATION OF PROJECT				
	<input type="checkbox"/> Systems design/ Analysis <input type="checkbox"/> Software development <input type="checkbox"/> Product design/development <input type="checkbox"/> Process design/development <input type="checkbox"/> Model Investigation		<input type="checkbox"/> Advice on R & D <input type="checkbox"/> Evaluation/ overview <input type="checkbox"/> Diagnostics <input type="checkbox"/> Manpower development <input type="checkbox"/> Any Other _____		
9.	PRESENT COMMITMENTS		Consultants		
		2.1	2.2	2.3	2.4
	9.1 Teaching (hours/week)				
	9.2 Research Students (number)				
	9.3 Sponsored Schemes (number)				
	9.4 Consultancy/ test projects (number)				
	9.5 Other specify _____				

10.	COST ESTIMATES	
	10.1 Technical and Professional Fee (TPF) (60% to Consultants, 40% to FAR)	
	10.2 Equipment, Materials & Services (EMS) (Also includes Travel, Computer Charges, Technical Literature, Infrastructure etc.).	
	10.3 Overheads (OH) (40% of EMS)	
	10.4 Others	
	10.5 Sub Total	
	10.6 Service tax on (10.1+10.2+10.3+ 10.4) (ST) 12.36%	
	TOTAL PROJECT COST (10.5+ 10.6)	

11.	SIGNATURE(S) OF CONSULTANT(S) (2.1) (2.2) (2.3) (2.4) (2.5)
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12.	FORWARDING NOTE BY CHAIRMAN
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(Chairman Seal)

Important Note:

Kindly enclose a copy of the letter from the client along with this proposal to enable us to process.