



Vimala College (Autonomous), Thrissur, Kerala

Pin:680009, Ph: 0487-2332080, e-mail: mail@vimalacollege.edu.in

Form No.1

Consultancy Work Order (Institution)

1. TITLE OF THE CONSULTANCY REQUIRED:

2. CLIENT DETAILS:

Name:

Designation.....

Institution / Organization:.....

City:.....State:..... PIN:.....

Contact No:email:.....

3. DEPARTMENT PROVIDING THE CONSULTANCY:

4. CONSULTANT DETAILS:

Name of Consultant assigned from the Department :

Type of Consultancy*:

5. EXPECTED TIME SCHEDULE OF THE CONSULTANCY

6. CONSULTANCY EXPENCES

Consultancy fees:

Amount to be paid (Fees + 18% GST):.....

7. BILLING ADDRESS

Name:

Institution / Organization:.....

City:.....State:..... PIN:.....

Signature of the Client

Signature of Principal

* PG Project/Aspire Project/ Internship Project/ Training /Sponsored / Others /Translation/ Non remunerative



Vimala College (Autonomous), Thrissur, Kerala

Pin:680009, Ph: 0487-2332080, e-mail: mail@vimalacollege.edu.in

Form No.2

Consultancy Work Order (Department)

DEPARTMENT:

Title of the Consultancy required	
Type of Consultancy (PG Project/Aspire Project/ Internship Project/ Training /Sponsored / Others /Translation)	
Name of the Applicant /Client	
Address	
e-mail id	
Phone No.	
College/Institute/Industry to which the applicant belongs	
Duration of Consultancy which is intended to do at this center	
Facilities to be utilized from the center	
Name of Consultant assigned from the Department	
Whether Recommendation letter from the authority is institution attached	Yes/No
Consultancy Charges (Including 18% GST)	
Billing Address	

Declaration : I hereby declare that I shall be obliged to the rules and regulation of the institution and will make use of the facilities (if needed) of the Centre/Department with great care and due permission. I shall be responsible for any kind of lose or damage of any property of the Department caused by me and am chargeable for any such destructions. I shall try to complete the Consultancy within the specified time.

Signature of the Client

Signature of
Consultant from Department

Signature of
Head of the Department