Consultancy	/ Pro	ject No.	
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FORM A International Management Institute, New Delhi

Consultancy Project (CP) Approval Form

1.	Name of the Faculty	
2.	Title of the Project	
3.	Name of the Client Organization	
4.	Address of the Organisation with contact details	
5.	Project Leader	
6.	Member (s)	
7.	Duration of the Project	
8.	Expected Dates of Start & Completion of the Project	
9.	Location of the Consultancy	
10.	If the Project involves field work, location to be visited	
11.	Nature / Form of Project Output	

(Signature of the Faculty)

For office use only

Approved/ Not Approved

Director General

	Consultancy Project N	Nο
itle of t	the Project:	
itie or t	ne Project.	
Name of	f the Client Organization:	
	Budget	
(A)	Receipt Detail:	
1	Professional fee charged from client	
2		
	GST @ 18%	
3	Total Billing	
(B)	Estimated Expenses:	
1.	Salary of project supporting staff (Field investigator/Project Assistant/	
	Project Associate/ Date Entry Operator)	
2.	Travel, Boarding & Lodging: Self	
	Staff	
3.	Stationery/Xeroxing/Printing	
4.	Postage/Phone/Fax	
5.	Other Items (please specify)	
6.	Total expenditure (Total of 1 to 5)	
7.	Surplus: Amount available for sharing between project faculty	
	IMI share @ 40%	
	Faculty Share @ 60%	
Not	te: 1. All payment to be made in the name of the Institute directly.	
	2.Please attach copies of correspondence/MOU/Agreement	with Client
rganiz	ration.	
0-	3. All expenses to be supported by proper documents/bills/invoices.	
K. Sing	gh	Duniont London
-0		Project Leader
or offic	e use only	
prove	ed/ Not Approved	
		Director General