

FORM B
International Management Institute, New Delhi
Consultancy Training (CT) Approval Form

1.	Name of the Faculty	
2.	Title of Consultancy Training (CT)	
3.	Name of the Organization	
4.	Address of the Organisation with contact details	
5.	Number of Days of CT	
6.	Dates of CT	
7.	Period Away from the Institute	From : To :
8.	Location of CT	

9. Budget

No.	Activity	Amount
9.1	Professional Fee details: (A) Professional Fee Per Day @ (B) Number of Days <div style="text-align: right;">Total = (A) X (B)</div>	
9.2	GST @ 18% percent on total cost of project (18% on 9.1)	
9.3	Total Billing* (Total of 9.1 and 9.2 above)	
9.4	IMI Share @ 40% Faculty Share @ 60%	

****Kindly attach Invitation letter, if you have.***

Date _____

(Name and signature of the Faculty)

For office use

Approved

(Director General)

Please note: Payment is to be made in the name of the Institute directly.