

**FORMAT FOR THE COMPLETION REPORT OF THE CONSULTANCY WORK
UNDERTAKEN AT THE DEPARTMENTS**

(all fields are mandatory)

Consultancy Acceptance Form ID	
Name of the Consultant and Department	
Name of the Consultancy Work	
Name and address of the Client / Firm	
Copy of the Completion certificate / letter from Client / Firm (Pl. attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period of the Consultancy work	From: DD/MM/YYYY To: DD/MM/YYYY
Total Amount including GST received from Client and Credited to CRTD	Rs.
Amount so far received from CRTD	Rs.
Balance amount to be Claimed from CRTD	Rs.

Brief report about the Completed Consultancy work (about 100 words): (Please indicate the goals achieved and deliverables given to the firm.

**Signature of the Principle Consultant with
Name, Designation and Date**

**Signature of the HOD
with seal**