

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

(all fields are mandatory)

Consultancy Acceptance Form ID	
Name of the Consultant and Centre	
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)

Details of the Expenditure incurred in the Consultancy work to be provided by the Autonomous Centres Only

Head-wise Expenditure incurred:

S.No	Particulars	Total 90% Amount (Rs.)	Balance 10% to be claimed
1	Manpower		
2	Travel		
3	Equipment		
4	Contingency		
5	Consumables		
6	External Consultant *		
7	Sub-Contract part of the work		
8	Hiring services		
9	Remuneration		
10	Others (if any)		
Total (Rs.)			

*Enclose the copy of the prior permission obtained from CRTD

Payment of Remuneration to the Consultants and other staff:

S.No	Name	Designation	Staff ID	Remuneration already paid	Remuneration to be paid
1					
2					
3					
4					
5					
6					
7					
Total (Rs.)					

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

**Signature of the Director
with seal**