

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, DESIGN AND MANUFACTURING KANCHEEPURAM
FORM FOR APPROVAL OF
COMMERCIALIZATION OF TECHNOLOGY (CONSULTANCY WORK)

1. Name of the Principal Investigator :
2. Title of the Project / consultancy work :
3. Buyer's Name and Address :
4. Type of Buyer :
 Private Sector Govt. Sector Public Sector Foreign Agency Others
5. Payment to be received in : Full Part
 Indian Currency Foreign Currency
6. Duration of the Project / consultancy work :
7. Whether MoU / Agreement Signed with Agency: Signed Not Signed
8. Details of Staff involved:

Investigator(s)	Man-days
Principal Investigator	
1	
2	
Technical Staff	
1	
2	
3	
Project / Admin Staff	
1	
2	

9. Project Cost:

Sl. No.	Billing Head Description	Amount (in Rs.)
1.	Manpower Charges	
	Faculty Man power charges	
	(i) No of Man hours_____ X amount per hour_____	
	Technical Staff Man power charges	
	(ii) No of Man hours_____ X amount per hour_____	
	Project / Admin Man power charges	
	(iii) No of Man hours_____ X amount per hour_____	
2.	Equipment Utilization Cost (refer Sl.No.10)	
3.	Material Cost on landed price basis	
	1.	
	2.	
	Overhead to the Institute 20%	
	Sub Total	

10. Equipment Utilization Cost

Sl. No.	Equipment to be utilized	Cost per head based on Formula*	Estimated No. of hours to be used	Total EUC (in Rs.)
Total				

* EUC/Hr = $\frac{\text{Market value of the Equipment} + \text{Operating Cost}}{\text{Life span (Estimated in Hours)}}$

Signature of Principal Investigator

FOR OFFICE USE

(to be filled by Dean Sponsored research office)

1.	Amount proposed by the Project Investigator	
2.	Overhead Charges – 20%	
	Total	
	(HSN Code No) GST @ 18%	
	Grand Total	

Remarks by AR (Sricce)

Date :

Signature

Recommendation by the Dean, Sponsored Research

Remarks by the Registrar

Recommended / No Recommended

Approved / Not Approved

Director