

**ANNEXURE IV**

Serial No: \_\_\_\_\_

To be sent to ICSR Office in **DUPLICATE**

**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI**

**PROPOSAL FOR DISTRIBUTION OF RESEARCH BASED INDUSTRIAL CONSULTANCY EARNINGS**

DISTRIBUTION PROPOSAL:     First         Second         Third         Final

**Approval No:** .....                      **Date of Approval:** .....

**Name of the Client** \_\_\_\_\_  
 \_\_\_\_\_

**Total Consultancy Fee [A] Rs.:** \_\_\_\_\_

SL. NO.	AMOUNT (A)	RECEIPT NO.	DATE	PAY-IN-SLIP SL.NO.	SERVICE TAX (S) {A * (12.36 / 112.36)}	Balance Amount as per pay - in - Slip (A-S) x 0.85 *
1.						
2.						
3.						

1. TOTAL BALANCE AMOUNT AS PER PAY-IN-SLIP Rs. \_\_\_\_\_

**2. EXPENDITURE**

- a) Department/Centre:-
  - Equipment Utilisation Cost. ....
  - Stores Consumed ....
  - Others (Specify) ....

Sub Total of (a) \_\_\_\_\_

- b) Outside:-
  - Bought out Stores ....
  - Charges for External Facilities ....
  - Salaries/Wages ....
  - Sub contracting ....
  - Others (Specify) ....

Sub Total of (b) \_\_\_\_\_

3. TOTAL EXPENDITURE [(a+b) of Sl.No.2]: 'E' ----- Rs. \_\_\_\_\_

4. BALANCE (Sl.No.1- Sl.No. 3) ----- Rs. \_\_\_\_\_

5. INSTITUTE'S SHARE (12% of Sl.No. 4) ----- Rs. \_\_\_\_\_

6. IC&SR's SHARE [3% of Sl.No.4]----- Rs

7. DEPARTMENTAL SHARE (15% of Sl.No. 4)----- Rs. \_\_\_\_\_

8. CENTRAL ADMINISTRATION (5% of Sl. No. 4) ----- Rs. \_\_\_\_\_

9. AMOUNT AVAILABLE FOR DISTRIBUTION ----- Rs. \_\_\_\_\_

▪ Certified that i) all expenses incurred upto date are shown here ii) no pending bills are to be paid for

.....  
**Principal Consultant/Project Leader**

.....  
**Head of the Dept. /Centre**

**To: - The Dean IC & SR, NITT**

No. ICSR:

Date:

Referred to Project Accounts Section for verification of all expenditure mentioned on prepage and arrange for payment

**DEAN, IC&SR**

To

The DR (Accounts)  
N.I.T.T.

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Payment of Rs. .... as remuneration to the staff members as indicated in this distribution proposal has been approved by the Director.

For Central Administration: Rs. ....

**DR (Accounts)**

To

The Dean ICSR  
N.I.T.T.

**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI****Distribution of Honorarium to Staff****Enclosure to Distribution proposal ref. ICSR/.....****Quote the relevant ICSR approval No.& date(s))**

Department:

Laboratory:

Sl.	Name and Designation	Employee No and Pay Bill No.	Amount of Honorarium	Income Tax*	Net Amount*	Acquittance by payee / through Bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Signature of the Consultant/Project leader**

NOTE: \*columns 5 &amp; 6 will be filled in by the Accounts Section.