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

## NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI

# PROPOSAL FOR DISTRIBUTION OF INSTITUTIONAL CONSULTANCY / RETAINER CONSULTANCY EARNINGS

Approva	DISTRIBUTION PROPOSAL:					
	f the Client					
	1	Fotal Consultan	cy Fee [A]	Rs.:		
Sl. No.	Amount (A)	Receipt No.	Date	Pay-in-Slip Sl.No.	Service Tax (S) {A * (12.36 /112.36)}	Balance Amoun as per pay - in - Slip (A-S) x 0.85 *
1.						
2.						
3.						
b)	Stores C Others (S Sub Tota Outside:- Bought of Charges Salaries, Sub con Others (S	ent Utilisation Consumed Specify)  al of (a)  out Stores for External Fac /Wages tracting Specify)  al of (b)	ilities		  	
		RE [(a+b) of Sl.No	-			
BALANCE (Sl.No.1- Sl.No. 3)						
		2 (8 % of Sl.No. 4)	)		Rs	
	SHARE [2%	,	No. 4)		Da	
. DEPARTMENTAL SHARE (10% of Sl.No. 4) Rs Rs Rs Rs						
Certified that i) all expenses incurred upto date are shown here						

Principal Consultant/Project Leader To: - The Dean IC & SR, NITT

ii) no pending bills are to be paid for

No.	ICSR:	Date:
and	Referred to Project Accounts arrange for payment	s Section for verification of all expenditure mentioned on prepage
		DEAN, IC&SR
То		
The N.I.	DR (Accounts) Γ Tiruchirappalli	
men		as remuneration to the staff oution proposal has been approved by the Director.
For	Central Administration: Rs	
		DR (Finance & Accounts)
То		
	Dean ICSR Γ Tiruchirappalli	

# NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI

#### **Distribution of Honorarium to Staff**

Enclosure to Distribution proposal	ref. ICSR/
	<b>Quote the relevant ICSR approval No.&amp; date(s)</b>

Departmen	t:
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## 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 & 6 will be filled in by the Accounts Section.