

ANNEXURE V

Serial No:

To be sent to ICSR Office in **DUPLICATE****NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI****PROPOSAL FOR DISTRIBUTION OF EARNINGS FROM TECHNICAL SERVICES**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 0.8 *
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 (10% 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**To: - The Dean IC & SR, NITT**.....
Head of the Dept. /Centre

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.

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 & 6 will be filled in by the Accounts Section.