## DELHI TECHNOLOGICAL UNIVERSITY FORM FOR A PROVAL OF CONSULTANCY PROJECT

FORM FO	R A	PPROVAL	OF	CONSULTAN	CY PR	OJECT		
Name of the Department								
Title of the Project								
Sponsor's Name and Address								
-								Others (Please
Type of Sponsorship :Private Sect	orGo	ovt. SectorPub	lic Se	ector	Foreign	n Agency		Specify)
5.Payment to be received in :FUL				ART				
Ind 5.(i) Date of Commencement		Currency		reign Currency ) Expected Date of	of Comp	letion		
			(II)	) Expected Dute (	n comp		• • • • • • • • • • •	
Whether MoU / Agreement Signe	ed wi	th Agency:	Signe	ed Not Signed				
3. Details of Staff involved:		1						
Name of Investigator(s) with Employee No		Doportmont	Evn	Brief Role as ert or Member			Man-	Signatura
with Employee No		Department	Бхр	en or Member			days	Signature
().	P.I.)							
			┣──					
ATTACH ANOTHER SHEET G	IVIN	l G DETAILS - (i	) SN (	ii) NAME (iii) CAP	ACITY i.	e - P.I/EXPE	RT/MEN	MBER (iv)
DETAILES TASKS AND RESPONS	IBIL	ITIES FOR WE	IICH		v) TENTA	ATIVE MAN		
Technical Staff (only regular				Technical Staff	only reg	gular Staff)		
Staff) with Employee No.	Br	ief Role		with Employee 1	No.		Bri	ef Role
Budget (should conform to the an		t of contract/o		nont with the one	ncon			
Budget Head / Description	IOUII		greer	Budgeted An		Pre	sent Al	location
								Part Payment
1. Gross Amount including Serv	ice T	ax						
2. Less- Service Tax								
<ul><li>3. Contracted Amount</li><li>4. University Share (35% of Contract of C</li></ul>	tract	ad Amount)						
5. Expenditure (Estimated*)	litaci	eu Alloulit)						
6. Honorarium (Estimated)								
ATTACH SEPARATE SHEET G	IVIN	IG COMPLET	re T	ENTATIVE DET		the amour	nt to he	used by the P
or cost of Material, Contingency/M								used by the I
с .						·		
orrespondence with sponsor attach	ed :	request	from	sponsor o	ffer fron	n PI	respon	se from Spon
ecommended								
ignature of Head of the Deptt/Ce	ntre	(with date &	: stan	np) Signatu	e of the	Principal 1	Investig	ator (with da
		Dean (1	IRD)	Office, DTU				
roject No:	••••			Dated:				
					Ap	proved /No	ot Appr	oved
		AR (IRD)					Dean	(IRD)
		· - /						· /

Copy to: 1. Principal Investigator 2. Head of the Department3. AR IRD A/C

### FOR USE BY DEAN (IRD) ACCOUNTS OFFICE

PROJECT NO.\_\_\_\_\_

University Share to be deducted

35% of the Contracted Amount

Note:

- 1. In case of part payment by the Agency, the University Share will be deducted on contracted part of each installment.
- 2. The University Share will be distributed amongst RDF (IRD Fund), PDF and incentive to staff etc. on getting full payment and at the time of closing the project only.

CONTRACTED AMOUNT		ICE TAX	% of UNIVERSITY SHARE	DEALING ASSTT.	ASSTT. REGISTRAR
	12.36%	Total	35%		
Service Tax : Rs.				 	
University Share : I	Rs			 	

For Label

# Form for Consent of Proposed Investigator(s) from other than PI's Department

1.	Project No.
2.	Name and department of Principal Investigator:
3.	Title of Project
4.	Name and department of Proposed Investigator(s)
5.	Number of man-days of involvement (for each investigator)

### Agreed

Recommended

Signature of Proposed Investigator(s) (with date)

Signature of Principal Investigator (with date)

Dean (IRD), DTU

Approved /Not Approved

Supdt. (IRD)

AR (IRD)

Dean (IRD)

Copy to: 1. Principal Investigator 2. Investigator(s)

# FORM FOR INVOLVEMENT OF CONSULTANT

1.	Project No.:
2.	Name and department of Principal Investigator:
3.	Title of Project :
4.	Name and address of the proposed Consultant(s)
5.	Nature of involvement of Consultant(s):
6.	Proposed duration of engagement of the Consultant – man months or man days
7.	(a) Total Contracted amount excluding service tax = (T) = Rs
	(b) Proposed payment to Consultant(s) = (B) = Rs.
	(c) Approved amount to Consultants earlier, if any (C) = Rs
	(d) Payment in terms of percentage of total contracted amount = $[(B+C)/T]*100 = \dots \%$

Encl.: 1. Brief bio-data of the Consultant 2. Consent of the Consultant

Signature of Principal Investigator(with date)

Dean (IRD), DTU

Approved /Not Approved

Supdt. (IRD)

AR (IRD.)

Dean (IRD)

**Copy to:** 1. Principal Investigator 2. AR IRD A/c

#### DeanIRD /04

#### DELHI TECHNOLOGICAL UNIVERSITY

### FORM FOR STUDENT ASSISTANTSHIP\* – FOR UG/PG/PH.D/POST DOC FELLOW

- 1. Project No.:
- 2. Name of Principal Investigator:
- 3. Name and details of UG/PG/Ph.D. student(s)/ Post Doc Fellow(s): .....

Sl. No.	Name	UG/PG/Ph.D. student(s)/ Post Doc Fellow(s)	Amount (Rs.)	Duration
1.				
2.				
3.				
4.				

4. Signature of supervisor, if other than P.I., (for Ph.D. and Post Doc. Fellow(s)): .....

Approved

#### Signature of P.I. (with date)

- \*1. The PI may engage University students (who may or may not be getting fellowship/ assistantship) as student assistants for the project work. The payment for such engagement shall be limited to Rs 8,000/- per month for UG and PG students, Rs 18,000/- per month for Ph. D. students and Rs 40,000/- per month for Post Doc Fellows.
- 2. For sponsored research project(s), this is admissible only if there is a provision in the sanctioned budget.

#### FORM FOR APPROVAL OF PROJECT POSITION(S)\*

1.	Project No. :
2.	Name and Department of Principal Investigator:
3.	Title of the Project :
4.	Sponsor:
5.	Date of Start: Date End:
~	

6. Position(s) details for advertisement:....

Project position(s)	Monthly Emoluments	Duration

7. Draft advertisement: Enclosed

#### Signature of Principal Investigator (with date)

\*The project staff shall be appointed as per clause 4.1 and the Annexure-2 and 3 of rules for sponsored research and industrial consultancy projects.

### Dean (IRD), DTU

### Principal Investigator

Project position(s) and draft advertisement approved Or Project position(s) and draft advertisement with the proposed modifications approved

Approved /Not Approved

#### Supdt. (IRD)

AR (IRD.)

Dean (IRD)

**Copy to:** 1. Principal Investigator 2. AR IRD A/c

#### Dean IRD/06

### DELHI TECHNOLOGICAL UNIVERSITY (Name of Dept./Centre)

Dated: .....

#### ADVERTISEMENT TO FILL UP PROJECT POSITIONS\*

- 1. Title of project
- 2. Sponsor of the project
- 3. Project position(s) and number
- 4. Qualifications
- 5. Emoluments
- 6. Duration
- 7. Job description
- 1. Candidates before appearing for the interview shall ensure that they are eligible for the position they intend to apply.
- 2. Candidates desiring to appear for the Interview should submit their applications with the following documents to the office of Principal Investigator through email, by post or produce at the time of Interview:
  - Application in a plain paper with detailed CV including chronological discipline of degree/certificates obtained.
  - Experience including research, industrial field and others.
  - Attested copies of degree/certificate and experience certificate.
- 3. Candidate shall bring along with them the original degree(s)/certificate(s) and experience certificate(s) at the time of interview for verification.
- 4. Preference will be given to SC/ST candidates on equal qualifications and experience.
- 5. Please note that no TA/DA is admissible for attending the interview.

The last date for application to be submitted to office of Principal Investigator is ......by 5 PM. (*not applicable for walk in interview*)

The interview will be held at ..... on ..... at ..... (to be given only for walk in interview)

Tel:

Fax:

Name and signature of Principal Investigator

**Email:** 

\*To be uploaded on DTU website and copy may be sent to appropriate addresses by PI for wider circulation.

#### DeanIRD/07

#### DELHI TECHNOLOGICAL UNIVERSITY

#### **SCREENING COMMITTEE REPORT**

(Not applicable in case of walk- in interview)

- I. Copy of approval from Dean IRD for project position(s) and advertisement to be attached by P.I.
- II. Member of screening committee
  - 1. Chairman (from the approved panel)
  - 2. P.I. (Member)
  - 3. Faculty member from the Department(Member)
- III. Number of application(s) received : .....
- IV. Name of Candidate(s) recommended for interview: (To be enclosed along with the synopsis of the candidates)
- V. List of rejected applicants along with the reason(s) : (To be enclosed along with the synopsis of the candidates)

Member (P.I.)

Member

Chairman

Dated:

#### Dean (IRD), DTU

The recommendation of the Screening Committee are in accordance with the norms laid down in the project and advertisement.

Supdt. (IRD.)

A.R. (IRD.)

Report of Screening Committee approved/not approved

Dean(IR)

#### DELHI TECHNOLOGICAL UNIVERSITY SELECTION COMMITTEE REPORT

- I. Copy of approval from Dean IRD for project position(s) and advertisement
  - : to be attached by P.I.
- II. Member(s) of Selection Committee:
- 1. Chairman (from the approved panel)
- 3. .....P.I. (Member)
- 4. Faculty member from Outside the Department
- 5. External Expert (if applicable)
- III. Name of candidate(s) appeared before the Selection Committee: List Enclosed

#### **RECOMMENDATIONS**

The following candidate(s) have been found suitable for appointment to the project position(s) in the order of merit.

Sl. No.	Name	Project Position	Emoluments

Member (P.I.)	Member	Member	Member	Chairman
		Dean (IRD), DTU		

The recommendation of the Selection Committee are in accordance with the norms laid down in the project and advertisement.

Supdt. (IRD.)	A.R. (IRD.)
Report of Selection Committee approved/not approved (give reasons)	

**Dean(IRD)** 

#### CONTRACT\*

- 1. That the first party will pay the second party a monthly consolidated amount as per the schedule given below on the satisfactory completion of the work assigned.
- 2. That the second party do hereby agree to complete the work assigned as per the schedule given below, to the satisfaction of the first party, and to hand over all assets/ materials of the first party in his/her charge at completion or termination of the contract as the case may be:-
- 3. (i) Name of the Scheme: Project no. ..... sponsored by .....

(ii) Type of work to be done:

(iii) Duration in which the work is to be completed as per this contract:

From ..... to .....

(iv) Amount to be paid monthly: Rs. ..... per month + HRA as per institute Rules.

(v) The facilities to carry on the above work will be made available by the first party on all working days of the DTU between 8:45 a.m. to 5.30 p.m. and any other days required for completing the work by the first party and no claim for any extra time will be entertained.

- 4. The first party reserves the right to rescind the contract with fortnight notice in the event it is found that the progress and the performance of the second party are not satisfactory.
- 5. This contract can also be rescinded by either party without assigning any reason, with a notice of the fortnight.
- 6. That the first party and the second party do hereby declare to abide by the aforesaid terms of this contract and the second party will have no claim other than the amount specified in the schedule of work as per this contract to be done by him/her.
- 7. That his contract and its acceptance by the second party will only be for the specified work and duration and this would bear no claim, whatsoever, to other future work, if any, to the second party on this accounts.

Signed this day:-

Second Party With complete address **First Party** Principal Investigator Name and Department

1. Witness

1. Witness

\*To be execute on a non judicial stamp paper of Rs. 100/-.

### FORM FOR EXTENSION OF TIME / REVISION OF PROJECT AMOUNT

1.	Project No.:					
2.	Name and de	partment of Principal Investigator:				
3.	Title of the P	roject:				
4.	. Sponsor:					
5.	Extension of	Time : Expected date of completion				
	(a) Orig	ginal	(b)	Revi	sed	
6.	Revision of Pr	roject budget : Contracted Amount				
	(a) Orig	ginal (Rs.)	(b)	Revi	sed (Rs.)	
	Budget Hea	d / Description			Revised Budgeted Amount	
	1. Gross An	nount including Service Tax				

7. Reason for Extension of Time and /or Revision of amount (correspondence to be attached, if any).

Signature of Principal Investigator (with date)

### Dean (IRD), DTU

Approved /Not Approved

Supdt. (IRD) Copy to: 1.Principal Investigator 2. AR (IRD) A/c

2. Less- Service Tax

3. Contracted Amount

5. Expenditure (Estimated\*)

6. Honorarium (Estimated)

4. University Share (35% of Contracted Amount)

AR ((IRD)

Dean (IRD)

#### FORM FOR DOMESTIC TRAVEL\*

1.	Project No.:
2.	Name of Principal Investigator:
3.	Sponsor:
4.	Project title:
5.	Name and designation of travelling person(s)
	(a)(b)
	(c)(d)
6.	(a) Place(s) to be visited along with dates :
	(b) Purpose of visit :
	(c) Mode of travel:
APPI	ROVED travel under clause 5.1 of rules for sponsored research and industrial consultancy project.

Advance in the name of:		Empl No
of Rs.		Епрі. №
Signature of applicant for advance		Recommended
		Signature of P.I. (with da
	Dean (IRD), DTU	Approved /Not Approve
		D (ID)
Supdt. (IRD) Copy to: 1. Principal Investigator	AR (IRD.) 2. AR IRD A/c	Dean (IRD

Certified that the visit has been undertaken with leave duly approved by the competent authority.

## FORM FOR INTERNATIONAL TRAVEL\*

	oject No.:		
Na	ame and department of Principal In	nvestigator:	
Sp	oonsor:		
Pro	oject title:		
Na (a)	ame and designation of travelling J ) Itinerary of the travel along with	person(s) date and duration:	
( b	b) Purpose of visit :		
Es (a)	stimated Expenditure ) Travel Expenditure:		
	i. Road/Rail Fare: Rs	Air fare Rs	
	ii. Local journey Rs		
(b)	) Per Diem:		
	(i) Daily allowance @	for days =Rs	
	(ii) Hotel accommodation @	fordays = Rs	
(c)	) Visa and assistance fees(Rs):	Travel insura	ance Rs :
(d)			s
To	otal: Rs		
Ac	otal: Rs dvance in the name of Rs	of:	Empl. No.
Ac	dvance in the name	of:	Empl. No. Recommended
Ac  Sig	dvance in the name of Rs	of:e condition(s) for travel under the	Recommended Signature of P.I. (with date) project that shall be followed.
Ac  Sig	dvance in the name of Rs gnature of applicant for advance sponsor has specified any specific	of:e condition(s) for travel under the	Recommended Signature of P.I. (with date) project that shall be followed. form(s)
Ac  Sig	dvance in the name of Rs gnature of applicant for advance sponsor has specified any specific	of: e condition(s) for travel under the rson with the respective TA bill t	Recommended Signature of P.I. (with date) project that shall be followed.
Ac Sig If s To	dvance in the name of Rs gnature of applicant for advance sponsor has specified any specific	of: e condition(s) for travel under the rson with the respective TA bill t	Recommended Signature of P.I. (with date) project that shall be followed. form(s)

Signature and name of travelling person (with date)

### **DeanIRD13**

#### **DELHI TECHNOLOGICAL UNIVERSITY**

#### FORM FOR EXPENDITURE FROM PDF\*

Name of Faculty: Emp. no:
Purpose: Travel* (Domestic and International)/Purchase /Manpower engagement
Travel (A) Itinerary of the travel along with date and duration:
(B) Purpose of visit :
(C) Estimated Expenditure
(a) Travel Expenditure:
i. Road/Rail Fare: Rs Air fare Rs
ii. Local journey Rs
(b) Per Diem:
i. Daily allowance @ for days = Rs
ii. Hotel accommodation @ fordays = Rs
(c) Visa and assistance fees(Rs): Travel insurance Rs :
(d) Miscellaneous expenses (registration, telephone/internet etc) Rs
Total: Rs.
Advance, if required, Rs.
Details of Purchase (item(s) and estimated cost) (Only for the purchase to be processed by calling quotations as per University purchase rules):
Manpower engagement: Position EmolumentsDuration

Signature of the faculty with date \*Subject to admissible under clause 7.2.1 of rules for sponsored research and industrial consultancy project

#### **Dean IRD Office, DTU**

Approved /Not Approved

#### Asstt. Registrar (IRD)

Copy to: 1. Concerned Faculty 2. AR IRD A/C

Certified that the visit has been undertaken with leave duly approved by the competent authority.

Signature and name of travelling person (with date)

### Dean (IRD)

\_\_\_\_\_

#### FORM FOR DISTRIBUTION OF CONSULTANCY PROJECT FUNDS

	101125	
1.	Project No	Distribution : Final / Interim
2.	Name and department of Principal Investigator:	
3.	Title of Project :	
4.	Project Fund Position	
	Gross Amount including Service Tax=G Less-Service Tax=L Contracted amount T = (G-L)	= Rs = Rs = Rs
	Amount payable to University share P Amount distributed earlier (if any) = $X$	= Rs = Rs
	Remaining amount (F)= $T-P-X$	= Rs
	Total expenditure on the project $= E$	= Rs
	Savings = $S = (F-E)$	= Rs
5.Aı	mount to be Distributed	= Rs

Mention all the names as per approval even if the amount to be disbursed is nil.

To be filled by P.I.					lled by IRD	
Name	Employee	Bank A/c No.	Amount in	Income	Net.	Token
	Code		Rs.	Tax	Amount	No.
		TOTAL				

Certified that

(a) (a1) This is final distribution and that the work has been completed and the report has been sent.

OR

- (a2) This is interim distribution and the percentage of amount of work done against the project is not less than the corresponding percentage of the charges being distributed now.
- (b) No separate T&P register was maintained for the project

OR

Separate T&P register was maintained, the certificate duly signed by Head of The deptt/centre is attached.

Signature of Principal Investigator (with date)

Dean (IRD), DTU

Approved /Not Approved

Supdt. (IRD)

AR (IRD.)

Dean (IRD)

Copy to: 1. Principal Investigator 2. AR IRD A/c

Total University S		Rs	<u>oject (on final distribu</u> 	
-		versity Share deduc		
(a) RDF (IRD Fun	d)		% of Rs	
(c2) PDF of I	)r )r )r	= Rs	% of Rs	
	TOTAL =	 = Rs.		
(e) Distribution of	incentive to office	Staff etc% of	- Rs	
			$\mathbf{TOTAL} = \mathbf{Rs.}$	
Details of distribu	tion of amount as	at (e) Rs	•••••	
<ol> <li>Department Of</li> <li>Dean IRD offi</li> </ol>		(20%)	Rs	
directly related		(30%)	Rs	
3. Fund for Comm		(15%)	Rs	
4. Central Admin	istrative Fund	(35%)	Rs	
		ТОТА	$\mathbf{L} = \mathbf{Rs.}$	
Details of distribu	tion of Departme	nt Office Staff Shar	 e as at (2) :	
Name	Designation		Saving Bank A/c No.	. Amount in R
			l	

Components	Routine testing	consultancy					
(1) RDF	95 %	75%					
(2) PDF	nil	20 %					
(3) Incentive to Office Staff etc.	5 %	5 %					

(Signature of Principal Investigator)

### DeanIRD /15

### Certificate of T&P items purchased under project

(To be submitted to Dean (IRD) office at the time of closure of the project, if a separate T&P register for the project has been maintained by PI)

1.	Project No. :
2.	Name and department of the Principal Investigator:
3.	Title of the Project:
4.	Sponsor:
5.	T&P register has been submitted to department store/office (as per purchase and store rules)

Principal Investigator (with date)

Head of the Department (with date)

#### DELHI TECHNOLOGICAL UNIVERSITY (PROPOSAL FOR DISTRIBUTION OF UOC RECEIVED AGAINST SPONSORED RESEARCH PROJECTS)

<b>I.</b> Pi	roject	No:				ribution : Interim Final
3. Т	Title of	Project :				
4. S	ponso	ring Agency:				
5. N	Name o	of P.I. :	ignation :			
7. I	Deptt./	Centre :				
8. I	Date of	f Commencement of Proje	ct:			of Completion of Project:
10	<b>A</b>	at of UOC Doducted till do	<b>t</b> o			
		nt of UOC Deducted till da				
(8	/					
	,					
(0	c) Ai	mount			Date of Deduction	
		Total (T)			_	
		t of UOC available for this Di			:	Rs
`	`	re than 50% of T in case of inte	rim distrit	oution)		
12. 2	20% of	(D) to PDF			:	Rs
(a	a) PDF (	of Dr		Rs		
· · · ·	/	of Dr		Rs		
(0	c) PDF (	of Dr	T ( 1	<u>Rs</u>		
13. 1	0% of (	( <b>D</b> )	Total	<u>Rs</u>	:	Rs
D	)etails o	of distribution of amount as at	SL 13.			
		eparment Office	(20%)	Pa		
		ean IRD office and persons	(20%) (25%)			
		irectly related to IRD work				
		ech. Staff of Dept.	(40%)			
((	d) C	entral Administrative Fund Total	(5%)	Rs	<u></u>	
14 D			D			D
		to IRD Fund for IDF (50% of	D)			Rs
Т	otal of	12,13,14 = D				Rs
[]	Details	of distribution of Incentiv	e to Dep	tt. office staf	ff are and Tech. Staff are gi	ven on the reverse]
15	5 (a)	Certified that no Ministeria	al or Tec	hnical Staff	is being paid out of the ince	ntive money from Sponsored Research
	Pro	jects in a financial year an a	mount ex	xceeding his/	her gross salary of one month	1.
	(b) Ce	ertified that the total remune	ration in	cluding that p	proposed here and over time	payment received by the individuals are
	wit	thin the limits laid down by	Universi	ty rules.		
Signa	ture of	Head of the Deptt/Centre (wi	th date &	z stamp)		Signature of the Principal Investigator (with date
5		• `		- /		- • • • •
			E	ndorsement b	y Dean IRD Office, DTU	
The a	bove rea	quest is in accordance with the	norms laio	l down.		Approved/Not Approved
Deali	ing Asst	tt. Supdt.(IRD	).)		Asstt. Registrar(IRD.)	Dean(IRD)
Сору		Head of the Department				
		Principal Investigator Asstt. Registrar (IRD-A/c)				

Name of Office Staff	Designation	Emp. No.	Saving Bank A/c No.	Amount in Rs.
	-			
			Total Rs.	

# Details of distribution of Incentive to Tech. Staff.

Name of Technical Staff	Designation	Emp. No.	Saving Bank A/c No.	Amount in Rs.
	1		Total Rs.	

#### Request for hiring of services in the project Through approved agency OR for Hiring of a Placement Agency

The hiring of the following services (list of services given overleaf) may kindly be approved in the interest of the work and to ensure timely completion of targets for project. In case no approved agency exists, permission of hiring a placement agency may please be permitted:

1.	Name of the project	:	
2.	Type of work	:	
3.	Quantum of Work	:	
	(The requisite work should be quantum*and Work Specific with & duration based so that the Agency be instructed to complete the Concerned work through their work source).		
4.	Unskilled I or II /Semi Skilled I or II/ Skilled /Highly Skilled I or II	:	
5.	Mode of payment Monthly/single bill basis	:	
6.	Expected duration to complete this work	:	
	*Per day basis*		
7.	Chargeable Project Grant No	:	
8.	The budget head	:	

9. Justification with the reason(s) as to why that work cannot be performed by the existing Project Staff -

Recommended/Not Recommended

\_\_\_\_\_

#### SIGNATURE OF COCERNING **P.I**

Head of the Deptt./Office

**NOTE:** - \* Please see Appendix-A as overleaf to fill these columns.

#### **REPORT OF DEAN IRD OFFICE**

Following is the fund position in the above project grant.

Fund budgeted in the budget head Rs....

\_\_\_\_\_

Available fund in the budget head Rs....

Recommended that the work order as above may be given to the hiring agency the Guard well security services

(p) Ltd for finalization of the work for the period from......to......to.....

D.A. (Accounts) Supdt. AR Dean IRD May Please signed letter to M/S.

.....

Signed

Asstt.Registrar(IRD)

# LIST OF SERVICES

Sl. No.	Category	Work
1.	UNSKILLED	<ul> <li>(i) Checking of Forms/Identity Cards at the beginning of the Semester.</li> <li>(ii) Filing papers in files &amp; numbering them.</li> <li>(iii) Replacing of file covers.</li> <li>(iv) Sanitation work.</li> <li>(v) Repair work of buildings.</li> <li>(vi) Electrical maintenance work.</li> <li>(vii) Water supply work.</li> <li>(viii) Horticulture work.</li> </ul>
2.	SEMISKILLED	<ul> <li>(ix) Dusting &amp; cleaning of Computer Key Boards of Computers in labs &amp; Offices.</li> <li>(i) Periodic Maintenance and upkeep of instruments/equipment &amp; other technical work in laboratories of a semiskilled nature.</li> <li>(ii) Periodic Maintenance of a semiskilled nature, in Buildings</li> <li>(iii) Periodic Maintenance of a semiskilled nature, of Electrical installations</li> <li>(iv) Periodic Maintenance of a semiskilled nature, of Water Supply</li> </ul>
3.	SKILLED	<ul> <li>installations</li> <li>(i) Tabulation work.</li> <li>(ii) Field study and sampling.</li> <li>(iii) Sample analysis.</li> <li>(iv) Maintenance of office records.</li> <li>(v) Maintenance of Institute vehicles.</li> <li>(vi) Periodic Maintenance and upkeep of instruments/equipment &amp; other technical work in laboratories of a skilled nature.</li> <li>(vii) Periodic Maintenance of a skilled nature, in Buildings.</li> <li>(viii) Periodic Maintenance of a skilled nature, of Electrical installations</li> <li>(ix) Periodic Maintenance of a skilled nature, of Water Supply installations</li> <li>(x) Maintenance of a skilled nature, of Air-conditioning equipment.</li> <li>(xi) Maintenance of a skilled nature, of Air-conditioning installations.</li> <li>(xii) Typing work on Computers.</li> <li>(xiii) Any other work of a skilled nature.</li> </ul>
4.	HIGHLY SKILLED	<ul> <li>(ii) Any other work of a skilled nature.</li> <li>(i) Collection of data.</li> <li>(ii) Field Study and sampling.</li> <li>(iii) Sample analysis.</li> <li>(iv) Computer Data entry on per page basis.</li> <li>(v) Driving of Vehicles for students tours, transporting persons to the airport, shifting the patients to out station hospitals etc.</li> <li>(vi) Recording of Minutes of meetings using shorthand.</li> <li>(vii) Periodic Maintenance and upkeep of instruments/equipment &amp; other technical work in laboratories of a highly skilled nature.</li> <li>(viii) Periodic Maintenance of highly skilled nature, in Buildings.</li> <li>(ix) Periodic Maintenance of highly skilled nature, of Electrical installations.</li> <li>(x) Periodic Maintenance of highly skilled nature, of Water Supply installations</li> <li>(xi) Maintenance of highly skilled nature, of Air-conditioning equipment.</li> <li>(xii) Maintenance of highly skilled nature, of Air-conditioning installations</li> <li>(xiii) Any other work of a highly skilled nature.</li> </ul>

(To be issued 30 days before the completion of Time Bound Engagement/Completion of the Project (delete as not applicable)

Department of \_\_\_\_\_

# **DLEHI TECHNOLOGICAL UNIVERSITY**

Termination of Time Bound Engagement Under Category \_\_\_\_\_\_ in Consultancy/Sponsored Research Project No \_\_\_\_\_\_ Title :\_\_\_\_\_

No. DTU/ -PI/Cons/Spons.Res Project

Dated : \_\_\_\_\_

To

 Whereas vide this office letter No. DTU/
 -PI/Cons/SponResProject\_\_\_\_\_

 dated
 you were offered the time bound engagement

 w.e.f.
 to
 under Consultancy /Sponsored Research

 Project
 No.\_\_\_\_\_
 Title:\_\_\_\_\_\_\_\_.

 You had accepted the same and had joined the job. The above project is to be completed on \_\_\_\_\_\_\_.

Whereas, it was mentioned at serial No. III of your letter of engagement referred above, the said assignment shall stand automatically terminated on \_\_\_\_\_\_.

You are hereby served with 30 days notice for termination of your above assignment as per section 25(F) (a) of the Industrial Disputes Act, 1947 for the under mentioned reasons :

Please acknowledge receipt of this letter – by signing on its duplicate copy.

(	)
Name & Signature of	PI (with date)
Project No.	
Department	

Copy to:

- 1. Dean IRD
- 2. Head of the Department/Centre
- 3. Asstt. Registrar (IRD -A/c)