

**POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)
UNIVERSITY OF PERADENIYA**

APPLICATION FOR CONSULTANCY PROJECT THROUGH PGIS (w.e.f. 01-01-2015)

Academic and research staff members of higher educational and research institutions who wish to carry out a consultancy project through the PGIS are requested to submit the completed application form together with relevant documents to the Director, PGIS, to obtain the approval before the activity is initiated..

1. Title of the Consultancy Programme/Project:
.....
.....

Type of Consultancy Service (Please tick appropriate boxes)

- Laboratory work
- Field work
- Computer work
- Documentation
- Other
(Please Specify)

Expected date of commencement: Duration of the Project.....

2. Project Leader

Name:

Address:

.....

Phone:

E-mail:

3. Consultant -1**Consultant -2**

(a) Name:

(b) Name:

Address (Office):

Address: (Office):

.....

.....

.....

.....

.....

.....

Phone:

Phone:

E-mail:

E-mail:

Note: If there are more than two consultants, please attach a separate sheet.**4. Objective(s) of the Consultancy Project:****5. Work to be done by each person (consultants and others) involved in the activity**

Follow the format given below:

Name	Affiliation	Work to be done	Amount to be paid
Total			Rs.....

Important: Each person listed in the table above shall be served with a letter of appointment (Please see the sample given.)

6. Expenses for consumables

Type/Name of consumables	Amount/Number	Estimated cost
Total		Rs.....

7. Expenses for using PGIS facilities

Facility	No. of hours/days	Unit charge	Total
Computer Laboratory			
GIS Laboratory			
Chemistry Laboratory			
Soil & Rock Mechanics Laboratory			
Transport			
.....			
.....			
Total			

8. Expenses for using facilities of other institutions

Facility (Institution)	No. of hours/days	Unit charge	Total
Total			

11. Summary of estimated budget

Item	Total
5	
6	
7	
8	
9	
10	
S: Sum of items 5, 6, 7, 8, 9 & 10	
Total grant	
P: PGIS administrative charges (10% of total grant)*	
Balance (Total grant - P - S)**	

* PGIS will deduct this amount

** To be decided in construction with the Project Leader

12. Additional documents by the Project Leader:

The Project Leader agrees to furnish the following documents during the project period and after its completion.

1. Copies of letters of appointment issued by Project Leader to each person involved in the project
2. Copies of regular/interim progress reports
3. Copy of the final report
4. Statement of accounts with breakdown of all expenses (Two s after the date of completion of the activity and per guidelines)

Signature:

Date:

Name:

Note: Any revisions of Section 11 should be submitted to the PGIS during the consultancy period.

13. Recommendation of the Chairperson, Board of Study (BOS):

(Required if the project is an activity of a BOS)

.....
.....

Signature of the Chairperson of BOS:

Name of the Chairperson of BOS:

Date:

14. Approval of the Director

.....

Signature

.....

Date

LETTER OF APPOINTMENT FOR CONSULTANCY PROJECTS (SAMPLE) – w.e.f. 01-01-2015

..... (Date)

..... (Name)
..... (Affiliation/Address)
.....
.....

Dear Prof./Dr./Mr./Ms.

Appointment of
Name of Consultancy Project
Name of project......

I am pleased to inform you that you have been appointed as of the Consultancy Project on for a period of (years/ months/ days) fromto

You are expected to carry out the following duties/tasks for successful completion of the said project.

1.
2.
3.
4.

You will be paid at a rate of Rs. per hour/day/month for a total of Rs. for your services to be rendered for the above project.

If you accept the appointment under the terms and conditions specified above, please sign the second copy of the letter of appointment and send it to me.

Thank you.

..... (Signature)
..... (Name of Project Leader)

CC: Director/PGIS; Principal Consultant (if different from Project Leader)

Project Leader
Consultancy Project on

I accept/do not accept the above appointment under the terms and conditions specified.

..... (Signature)
..... (Name)

REQUEST FOR PAYMENT OF CONSULTANCY PROJECTS (SAMPLE) – w.e.f. 01-01-2015

Name of Claimant:

Nature of the job/Position of the consultancy project:

Name of the Consultancy project:

Address:

.....

Job description/Details of our work carried	Duration/period From To	No. of units worked (days/hours)	Unit rate Rs.	Amount requested Rs.

Signature of Claimant:

Recommendation of Principal Consultant (if different from Project Leader):

Payment is recommended/not recommended

Signature of Project Leader:

Recommendation of Project Leader

Payment is recommended/not recommended

Signature of Project Leader:

Approval of Director/PGIS:

Payment is approved/not approved.

Signature of Director: