

**Institute Quality Assurance Cell
 Professional and Social Activities Committee
 Consulting Process Mapping Form**

1. Department: _____

Project ID	Project Title	Client Organization	Faculty ID	PI / Investigators	Nature of Project	Duration	Start Date	End Date	Component Purchase	Consulting Amount	
										Institute Charges	S. Tax
					1. Case study 2. Design / Simulation 3. Experimental 4. Testing 5. Software Development 6. Visiting/Opinion						

2. Feedback

Project ID	Project Title	Client Organization	Interim Feedback	Final Feedback	Amount Used	Date	Institutional Facilities used 1. Outstanding 2. Excellent 3. Very Good 4. Good 5. Fair	Institution Support	Human Resource Requirements	Revenue Sharing

Approval:

- a. Investigators: _____
- b. Head of Department: _____
- c. Dean Academic & Research: _____
- d. Vice Chancellor: _____

(Name and Signature)