

NAAC – Cycle – 1 AISHE: U-0967				
Criterion-3 R,I & E				
KI 3.5	M 3.5.1			

Revenue generated from consultancy and corporate training during the last five years

Sr. No.	Particulars	Page No.
1	Consultancy Policy	2-10
2	Sharing Policy	11-18





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Consultancy Policy

Atmiya **Registray**, Rajkot-Gujarat-India **Atmiya University Rajkot**





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Consultancy Policy

Atmiya University encourages faculty and staff to engage in consultancy work as a means of fostering industry collaboration, knowledge exchange, and institutional growth. The consultancy policy ensures proper planning, execution, and financial management, adhering to transparency and accountability standards.

Procedures for Conducting Consultancy Work

A. Step-by-Step Procedure

- 1. Planning & Permission (Ideally One Month Before Activity)
 - a. Covering Permission Letter:
 - o Addressed to the Vice Chancellor.
 - Includes comments by the HoD and Dean of Faculty.
 - Verified by the Deputy Registrar/Registrar.
 - Specifies whether the consultancy was brought by or conceived by the faculty/university.

b. Concept Note of Consultancy Activity:

- Details of how the contact was established (faculty/university).
- Title of the consultancy.
- Name and address of the client organization.
- Consultant and co-consultant names, designations, and departments.
- Liaison officer's details from the client organization.
- Defined need and scope of work as per the client's requirements.
- Project duration, approved by the client organization.
- Consultancy amount and payment terms.
- Expected outcomes.

c. Consultancy Proposal with Schedule:

- Overview of the consultancy activity.
- Major goals and deliverables.
- Planned strategy toward completion.
- Roles and responsibilities of team members.
- o Start and completion dates.
- o Any additional details.

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d. Budget Proposal:

o Submitted as per format AU/SP/CW-I.

2. Post-Activity Submissions (Within Two Weeks of Completion)

- o Final Report of Consultancy Activity.
- Actual income and expenditure statements (Format AU/SP/CW-II).
- Copy of the report submitted to the client organization.
- Checklist of submissions (Format AU/SP/CW-III).
- Covering letter including all enclosures from Steps 1 and 2.

Financial Management by Finance Section

- 1. Income and Expenditure Submission:
 - The consultant submits the actual income and expenditure statement (AU/SP/CW-II) within two weeks of project completion.
- 2. Verification and Fund Distribution:
 - Verified statements are processed and funds are distributed into different accounts within 10 days of receiving all documents.

a. Sharing Guidelines:

- If contact brought by/conceived by faculty and coordinated by the faculty with department support:
 - University: 40% | Individual: 60%
- If contact brought by/conceived by the university and coordinated by the faculty with department support:
 - University: 60% | Individual: 40%

b. Account Management:

- Separate heads of accounts:
 - "Consultancy University."
 - "Consultancy Individual."
- Individual accounts reflect credits and debits for consultancy income and transferred amounts.

3. Timely Transactions:

Transfers are processed

document submission.

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4. Audited Reports:

 All consultancy-related transactions are reflected under "Consultancy Policy Accounts" in the annual audited financial statements.

5. Use of Funds:

 Utilization details of funds under "Consultancy Policy – University" are maintained and reported separately.



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Format - AU/SP/CW-I

Conducting Consultancy Work

S. No.	Particulars	Rs	Projected Income (M) Rs.		Projected Expenditure (N) Rs.	
A	Y 10	Details	Total	Details	Total	Rs. (O)
A	Income/Sponsor					
A1	Consultancy Amount					
A2	Other (specify)					
	Total A					
В	Recurring Expenses					
B1	Equipment other than computer and related (list with justification in Annexure)					
B2	Computer and related items (list with justification in Annexure)		-			
В3	Others (specify)					
	Total B					
C	Recurring Expenses					
C1	Field / Research /Technical Assistant nos x Rs p.m	-	-			
C2	Consumables					
C3	TA & DA					
C4	Contingency Expenses	- 1				
C5	Stationary & Report					
C6	Overhead Charges (5 to 15 %) on total expenses					
C7	Consultancy Honorarium			7.7		-
C8	Co-Consultancy Honorarium					~~
C9	Others (specify)					
	Total C					
D	Projected Balance {A-(B+C)}			-		**



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Name and Signature:

Consultant

Co-Consultant

Proposed by Faculty Member Verified & Comments by HoD

Comments by Dean

Verified by Dy. Registrar Approved by Vice Chancellor

Signature with

Date Name: Signature with Date

Name:

Signature with Date

Date Date Name: Name:

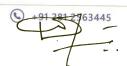
Signature with

ne: Date Name:

Signature with Date



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Format - AU/SP/CW-II

Conducting Consultancy Work Income & Expenditure Statement

- 1. Consultancy Title:
- 2. Conceived by:
- 3. Department & Faculty:
- 4. Name of Consultant:
- 5. Name of Co-Consultant:
- 6. Name of client organization:
- 7. Bank details of Consultant
 - a. Name:
 - b. Bank Name:
 - c. Bank Account
 - Number:
 - d. IFSC:

Bank details of Co-Consultant

- a. Name:
- b. Bank Name:
- c. Bank Account
- Number:
- d. IFSC:

S. No.	Particulars	Projected Income (M) Rs.		Projected Expenditure (N) Rs.		Balance
		Details	Total	Details	Total	Rs. (O)
A	Income/Sponsor				2.000	
A1	Consultancy Amount					
A2	Other (specify)					
	Total A					
В	Recurring Expenses					
B1	Equipment other than computer and related (list with justification in Annexure)					
B2	Computer and related items (list with justification in Annexure)		-			
В3	Others (specify)					
	Total B					
C	Recurring Expenses					
C1	Field / Research /Technical Assistant nos x Rs p.m					
C2	Consumables	- AND OIL	0			
C3	TA & DA	A Un	131			
		(4)	1			



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C4	Contingency Expenses	 		
C5	Stationary & Report	 		
C6	Overhead Charges (5 to 15 %) on total expenses	 		
C7	Consultancy Honorarium	 		
C8	Co-Consultancy Honorarium	 		
C9	Others (specify)	 		
	Total C	 		
D	Projected Balance {A-(B+C)}	 	 	

Proposed by Faculty
Member

Verified & Comments by HoD Comments by Dean

Verified by Dy. Registrar Approved by Vice Chancellor

Signature with Date Name:

Signature with Date Name:

Signature with Date

Signature with Date Name:

Signature with Date Name:

For Office Use
Sharing of Balance

S.	Bala	University			Department (if applicable)			Individual		
N o.	nce (Rs.)	Sha re %	Amo unt Rs.	Transfe rred on	Sha re %	Amo unt Rs.	Transfe rred on	Sha re %	Amo unt Rs.	Transfe rred on

Verified by Accounts/Audit Department

Approved by A&FO

Signature with Date:

Signature with Date:

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KI 3.5	M 3.5.1	



Format - AU/SP/CW-III

	ancy Title:	Department:		
Name of	the Consultant:	Date		
S. No.	Particulars	Tick Box	Remarks	
1	Covering Permission Letter			
2	Concept Note of Consultancy Activity			
3	Consultancy Proposal with Schedule			
4	Budget			
5	Documents from Client Organization regarding work proposed, norms & conditions, payment terms, etc. (as applicable)			
6	Letter of acceptance			
7	Letter of confirmation from Client Organization			
8	Completion report			
9	Actual Income & Expenditure Statement			
10	Details of Payment from Client Organization			
11	Abstracts of Financial Claims			
omitted nsultan	by Comments by HoD Ver	rified by Dy. Reg	istrar Approved by Re	
nature	with Date: Signature with Date: Sig	nature with Date	\$	
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Rajkot



NAAC – Cycle – 1 AISHE: U-0967		
Criterion-3	R,I & E	
KI 3.5	M 3.5.1	

Sharing Policy









NAAC – Cycle – 1		
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Criterion-3	R,I & E	
KI 3.5	M 3.5.1	



Sharing Policy

The University's Sharing Policy provides guidelines for organizing and conducting Faculty Development Programs (FDPs), Training Programs, and Workshops, particularly those with external participants. This policy ensures transparent planning, financial management, and fair distribution of resources.

Step-by-Step Procedures for Permission & Claims

- 1. Planning and Permission (At Least One Month Prior to the Event)
 - Covering Permission Letter:
 - Addressed to the Vice Chancellor.
 - Comments provided by the Head of Department (HoD) and Dean.
 - Verification by the Deputy Registrar or Registrar.
 - o Details on how the program was conceived or brought to the university.

Concept Note of the Program:

- Program title, need, and scope, indicating internal and external participation.
- Duration (number of days and hours per day).
- Registration fees for internal and external participants.
- Expected outcomes.

Program Schedule:

 Outline of topics, dates, session hours, and identification of internal or external sessions.

Budget Proposal:

 Budget should follow the AU/SP/FDP-I format, detailing projected income and expenses.

2. Post-Event Submissions (Within One Week of Program Completion)

Report of the Program:

 Detailed schedule with names of resource persons, participant attendance sheets (signed daily), participant and resource person feedback, and geotagged photos with captions.

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· Financial Documentation:

- \circ $\;$ Income and expenditure statement following format AU/SP/FDP-II.
- Photocopies of distributed certificates and list of participants with paid fees (signed by participants and organizer).

Supporting Documents:

- Program presentations or materials.
- Submission checklist in format AU/SP/FDP-III, covering all required documents.

Covering Letter:

o Includes all enclosures related to permissions and post-event documentation.

Financial Management by Finance Section

- Income and Expenditure Statements:
 - The organizer submits the actual income and expenditure statement within one week post-program. This is verified and processed by the Finance Section.

Revenue Sharing Guidelines:

- After covering expenses, the remaining balance is distributed based on the policy AU/1/April 2021/1:
 - If the program was brought by or conceived by a faculty member and coordinated with departmental help: University 25%: Department 15%: Individual 60%
 - If conceived by the university and coordinated by faculty: University 50%: Department 20%: Individual 30%

Account Headings:

- Separate accounts under "Sharing Policy University," "Sharing Policy –
 Individual," and "Sharing Policy Department" (with sub-headings for faculty
 involved).
- Transfer to individual accounts should occur within ten days of document receipt.

Annual Financial Reporting:

Rajkot *

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 All transactions appear as "Sharing Policy Accounts" in the annual audited financial statements.

Checklist for Documentation (Format AU/SP/FDP-III)

This checklist ensures that all necessary documents are provided:

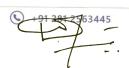
- 1. Covering Permission Letter
- 2. Concept Note
- 3. Program Schedule
- 4. Budget Proposal
- Program Report
- 6. Income and Expenditure Statement
- 7. Photocopies of Distributed Certificates
- 8. Participant List (with fees paid and signatures)
- 9. Program Presentations/Materials
- 10. Final Covering Letter (post-event)

Each step must be reviewed and signed off by relevant authorities, including the HoD, Deputy Registrar, and Registrar.

Conclusion

This Sharing Policy ensures a structured approach to planning, financial management, and documentation for events with external participants. Through clear guidelines on permissions, budgeting, revenue sharing, and reporting, the policy promotes transparency, accountability, and equitable distribution of resources, contributing to the professional development of faculty and enriching the university community.

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Format - AU/SP/FDP-I

Sharing Policy Organizing & Conducting FDPs/ Training Programmes/ Workshops only with Inclusion of External Participants

Rudget Proposal

S. No.	Particulars	Projected Income (M) Rs.		Projected Expenditure (N) Rs.		Balance
X	Y 10	Details	Total	Details	Total	Rs. (O)
	Income/Sponsor					
X1	Registration Fee	No $x RF = (a)$	(a)			
X2	Sponsors					
		Total				
Y	Recurring Expenses					
Y1	Remuneration					
	Internal RP			S x 150		
	External RP			S x 300		
Y2	Promotional			5 X 300		
	Material/ Stationary/					
	Certificates (Min. expenditure)					
Y3	Hospitality expenses					
	(if any)					
Y4	Contingency expenses					
	(if any)					
				Total		
Z	Projected Balance					M-N= O

Proposed by Faculty Member

Verified & Comments by HoD

Comments by Dean

Verified by Dy. Registrar

Approved by Vice Chancellor

Signature with Date Signature with Date

Signature with Date Signature with Date Signature with Date

Name:

Name:

Name:

Name:

Name:

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Format - AU/SP/FDP-II

Sharing Policy

Organizing & Conducting FDPs/ Training Programmes/ Workshops only with Inclusion of External Participants Income & Expenditure Statement

- 1. Name of the Event/Program:
- 5. Conceived by:

2. Date/Dates:

6. Bank details of individual

- 3. Name of Organizer:
- Name:
- 4. Department & Faculty:
- b. Bank Name:
- IFSC:

S. No.	Particulars	Actual Incom	ne (M)	Actual Expenditure (N)		Balance
		Details	Total	Details	Total	Rs. (O)
X	Income/Sponsor					
X1	Registration Fee	No x RF= (a)	(a)			
X2	Sponsors					
		Total				
Y	Recurring Expenses					-
Y1	Remuneration					
	Internal RP			S x 150		
	External RP			S x 300		
Y2	Promotional Material/ Stationary/ Certificates (Min. expenditure)	æ		D X 300		
Y3	Hospitality expenses (if any)					
Y4	Contingency expenses (if any)		2			
				Total		
Z	Projected Balance					M-N= O

Proposed by Faculty Member

Verified & Comments by HoD

Comments by Dean

Verified by Dy. Registrar

Approved by Vice Chancellor

Signature with Date Name:

Signature with Date

Name:

Name:

Signature with Date Signature with Date Signature with Date Name:

Name:

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Criterion-3	R,I & E	
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S.	Bala		Univer	sity		Depart			Individ	lual
N 0.	nce (Rs.)	Sha re %	Amo unt Rs.	Transfe rred on	Sha re %	Amo unt Rs.	Transfe rred on	Sha re %	Amo unt Rs.	Transfe rred on

Verified by Accounts/Audit Department

Approved by A&FO

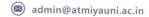
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Signature with Date:



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Criterion-3	R,I & E					
KI 3.5	M 3.5.1					



Format AU/SP/FDP-III

Organizing & Conducting FDP's/ Training Programmes/ Workshops only with Inclusion of External Participants

	f the Event:	Departmen	ıt:
Name of	f the Organizer:	Date of Ev	ent:
S. No.	Particulars	Tick Box	Remarks
1	Covering Permission Letter		
2	Concept Note of Programme		
3	Programme Schedule		
4	Budget of Proposal		
5	Report of Programme		
6	Actual Income & Expenditure Statement		
7	Photocopies of Certificates distributed		
8	List of participants with fees paid & signed by them & organizer.		
9	Copy of presentation/ Material		
10	Covering letter once again post event with		
	all above. by Organizer Comments by HoD Veri	fied by Dy. Regi	istrar Approved by Ro
mitted	by Organizer Comments by HoD Veri	nture with Date:	
mitted	by Organizer Comments by HoD Verification Verification of the Veri	nture with Date:	
mitted	by Organizer Comments by HoD Vering Vith Date: Signature with Date: Signature Name: Name: Name	nture with Date:	Signature with I Name:

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