



**ATMIYA
UNIVERSITY**

NAAC – Cycle – 1
AISHE: U-0967

Criterion-3

R,I & E

KI 3.5

M 3.5.1

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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Rajkot**



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Consultancy Policy

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Rajkot**



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ATMIYA UNIVERSITY

(Established under the Gujarat Private University Act 11, 2018)

Yogidham Gurukul, Kalawad Road, Rajkot - 360005, Gujarat (INDIA)

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.
- o Includes comments by the HoD and Dean of Faculty.
- o Verified by the Deputy Registrar/Registrar.
- o Specifies whether the consultancy was brought by or conceived by the faculty/university.

b. Concept Note of Consultancy Activity:

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

c. Consultancy Proposal with Schedule:

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





d. Budget Proposal:

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

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

- 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 within 10 days of 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.





Format - AU/SP/CW-I

Conducting Consultancy Work
Budget Proposal

| S. No. | Particulars | Projected Income (M) Rs. | | Projected Expenditure (N) Rs. | | Balance Rs. (O) |
|----------|---|--------------------------|-------|-------------------------------|-------|-----------------|
| | | Details | Total | Details | Total | |
| A | Income/Sponsor | | | | | |
| A1 | Consultancy Amount | | | -- | -- | -- |
| A2 | Other (specify) | | | -- | -- | -- |
| | Total A | | | | | -- |
| B | Recurring Expenses | | | | | -- |
| B1 | Equipment other than computer and related (list with justification in Annexure) | -- | -- | | | -- |
| B2 | Computer and related items (list with justification in Annexure) | -- | -- | | | -- |
| B3 | 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 | -- | -- | | | -- |
| 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)} | -- | -- | -- | -- | -- |





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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
Name:

Signature with
Date
Name:

Signature with
Date
Name:



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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 Rs. (O) |
|----------|---|--------------------------|-------|-------------------------------|-------|-----------------|
| | | Details | Total | Details | Total | |
| A | Income/Sponsor | | | | | |
| A1 | Consultancy Amount | | | -- | -- | -- |
| A2 | Other (specify) | | | -- | -- | -- |
| | Total A | | | | | -- |
| B | Recurring Expenses | | | | | |
| B1 | Equipment other than computer and related (list with justification in Annexure) | -- | -- | | | -- |
| B2 | Computer and related items (list with justification in Annexure) | -- | -- | | | -- |
| B3 | Others (specify) | -- | -- | | | -- |
| | Total B | -- | -- | | | -- |
| C | Recurring Expenses | | | | | |
| C1 | Field / Research /Technical Assistant _____ nos x Rs _____ p.m | -- | -- | | | -- |
| C2 | Consumables | -- | -- | | | -- |
| C3 | TA & DA | -- | -- | | | -- |





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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
Name:

Signature with Date
Name:

Signature with Date
Name:

For Office Use
Sharing of Balance

| S. No. | Balance (Rs.) | University | | | Department (if applicable) | | | Individual | | |
|--------|---------------|------------|------------|----------------|----------------------------|------------|----------------|------------|------------|----------------|
| | | Share % | Amount Rs. | Transferred on | Share % | Amount Rs. | Transferred on | Share % | Amount Rs. | Transferred on |
| | | | | | | | | | | |
| | | | | | | | | | | |

Verified by Accounts/Audit Department Approved by A&FO

Signature with Date:



Signature with Date:

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Format - AU/SP/CW-III

**Conducting Consultancy Work
Checklist**

Consultancy Title:

Department:

Name of the Consultant:

Date:

| S. No. | Particulars | Tick Box | Remarks |
|--------|---|--------------------------|---------|
| 1 | Covering Permission Letter | <input type="checkbox"/> | |
| 2 | Concept Note of Consultancy Activity | <input type="checkbox"/> | |
| 3 | Consultancy Proposal with Schedule | <input type="checkbox"/> | |
| 4 | Budget | <input type="checkbox"/> | |
| 5 | Documents from Client Organization regarding work proposed, norms & conditions, payment terms, etc. (as applicable) | <input type="checkbox"/> | |
| 6 | Letter of acceptance | <input type="checkbox"/> | |
| 7 | Letter of confirmation from Client Organization | <input type="checkbox"/> | |
| 8 | Completion report | <input type="checkbox"/> | |
| 9 | Actual Income & Expenditure Statement | <input type="checkbox"/> | |
| 10 | Details of Payment from Client Organization | <input type="checkbox"/> | |
| 11 | Abstracts of Financial Claims | <input type="checkbox"/> | |

Submitted by
Consultant

Comments by HoD

Verified by Dy. Registrar

Approved by Registrar

Signature with Date:

Signature with Date:

Signature with Date:

Signature with Date:

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Atmiya University
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Sharing Policy

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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.
 - 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:**
 - 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:**
 - 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:**





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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
5. 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**

Budget Proposal

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

Signature with Date
Name:

Signature with Date
Name:

Signature with Date
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: | a. Name: |
| 4. Department & Faculty: | b. Bank Name: |
| | c. IFSC: |

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

Signature with Date
Name:

Signature with Date
Name:

Signature with Date
Name:



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For Office Use

Sharing of Balance

| S. No. | Balance (Rs.) | University | | | Department (if applicable) | | | Individual | | |
|--------|---------------|------------|------------|----------------|----------------------------|------------|----------------|------------|------------|----------------|
| | | Share % | Amount Rs. | Transferred on | Share % | Amount Rs. | Transferred on | Share % | Amount Rs. | Transferred on |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Verified by Accounts/Audit Department Approved by A&FO

Signature with Date:

Signature with Date:





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Format AU/SP/FDP-III

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

Name of the Event:

Department:

Name of the Organizer:

Date of Event:

| S. No. | Particulars | Tick Box | Remarks |
|--------|---|--------------------------|---------|
| 1 | Covering Permission Letter | <input type="checkbox"/> | |
| 2 | Concept Note of Programme | <input type="checkbox"/> | |
| 3 | Programme Schedule | <input type="checkbox"/> | |
| 4 | Budget of Proposal | <input type="checkbox"/> | |
| 5 | Report of Programme | <input type="checkbox"/> | |
| 6 | Actual Income & Expenditure Statement | <input type="checkbox"/> | |
| 7 | Photocopies of Certificates distributed | <input type="checkbox"/> | |
| 8 | List of participants with fees paid & signed by them & organizer. | <input type="checkbox"/> | |
| 9 | Copy of presentation/ Material | <input type="checkbox"/> | |
| 10 | Covering letter once again post event with all above. | <input type="checkbox"/> | |

Submitted by Organizer Comments by HoD Verified by Dy. Registrar Approved by Registrar

Signature with Date:
Name:

Signature with Date:
Name:

Signature with Date:
Name:

Signature with Date:
Name:



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