

NAAC – Cycle – 1 AISHE: U-0967				
Criterion-3	R,I & E			
KI 3.1	M 3.1.1			

3.1.1

The institution's Research facilities are frequently updated and there are well defined policy for promotion of research which is uploaded on the institutional website and implemented

Consultancy Policy

Registrar
Atmiya University
Rajkot
Atmiya University, Rajkot-Gujarat-India





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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:
 - Addressed to the Vice Chancellor.
 - o 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).
- o Title of the consultancy.
- Name and address of the client organization.
- Consultant and co-consultant names, designations, and departments.
- o 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.
- o Roles and responsibilities of team members.
- 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).
- o 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 v

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 Budget Proposal

S. No.	Particulars	Projected Inc Rs.		Expendi	Projected Expenditure (N) Rs.		
A	I/C	Details	Total	Details	Total	Rs. (O)	
A1	Income/Sponsor						
A2	Consultancy Amount						
AZ	Other (specify)						
n	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	1 14					
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			pl P			
C8	Co-Consultancy Honorarium						
C9	Others (specify)						
	Total C						
)	Projected Balance {A-(B+C)}			-		W W	

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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 Inc Rs.	come (M)	Pro Expendit	Balance		
adat.		Details	Total	Details	Total	Rs. (O)	
A	Income/Sponsor	1 / 1 / 1			Total		
A1	Consultancy Amount						
A2	Other (specify)						
	Total A	NA THEFT					
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		live's				
C2	Consumables	A Un	000				
C3	TA & DA	(2)	121				

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C4	Yogidham Gurukul, Kalawad Road, Raj 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

S.	S. Bala University			Department (if applicable)			Individual			
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
	Land I									

Verified by Accounts/Audit Department

Approved by A&FO

Signature with Date:

Signature with Date:

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Univers

Registrar **Atmiya** University





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Format - AU/SP/CW-III

Conducting Consultancy Work Checklist

ame of the Consultant:		Department: 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		

Submitted by Consultant

Comments by HoD Verified by Dy. Registrar Approved by Registr

Signature with Date:

Signature with Date: Signature with Date:

admin@atmiyauni.ac.in

Signature with Date:

/auni.ac.in

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