Annexure II

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIORAPPALLI
APPLICATION FOR RESEARCH BASED INDUSTRIAL CONSULTANCY (RBIC) WORK

	Name of the Investigator	Employee No.	Dept/Centre	Lab
*1				
2				
3				
4				

* Principal Investigator

PROJECT TITLE: _____
(Enclose the copy of the project proposal)

Name of the Representatives: _____

Name and Address _____ Phone: _____

of the Industry _____ Fax:

Proposed date of commencement | **Total Project Cost** | Proposed date of completion

Rs.

Years Months

Duration: /

EXPENDITURE ESTIMATES (Rs.)			
	FIRST YEAR	SECOND YEAR	THIRD YEAR
1. Staff Salaries			
2. Cost of Material			
3. Cost of Equipment			
4. Travel			
5. Contingency			
6. Other Expenses (specify)			
Total			

Principal Investigator **Date: / /** **Head of the Dept./Centre** **Date: / /**

APPROVAL

Assignment No.

Dean
Industrial Consultancy & Sponsored Research

Date: / /