**(Appendix: 2)**

**CONSULTANCY REQUEST FORM**

|  |  |
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| **Section 1: Client Details** | |
| **Organization Name** | Click here to enter text. |
| **Department Name** | Click here to enter text. |
| **Country** | Click here to enter text. |
| **Contact Person** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Preferred Mode of Contact:**  **Phone** **Email** **Both** | |
| **Best Time to Contact** | Click here to enter text. |

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| **Section 2: Project Details** |
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| **Which of the following best describes the type of service you are interested in?** |
| ***In case of other, please provide a brief description:*** Click here to enter text. |
| **Description of work to be undertaken by the Consultant:** |
| Click here to enter text. |

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| **Section 3: Project Schedule** | |
| **Estimated man hours** | Click here to enter text. |
| **Proposed Start Date** | Click here to enter a date. |
| **Proposed End Date** | Click here to enter a date. |

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| **Section 4: Additional Information (if any)** |
| Click here to enter text. |

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| **Section 5: Signatures of the Client** | | |
|  | | |
| **Name** | **Signature** | **Date** |
| Click here to enter text. |  | Click here to enter a date. |

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| **Section 6: Acknowledgment Director of Research Department** | |
| I hereby acknowledge that I have received this request for Consultancy. | |
| Date: | Signature: |

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| **Nomination of Faculty/Staff for Consultancy** |

**(For Internal Use of DU)**

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| **Director of Research Department** | |
| I have received and reviewed the attached request for Consultancy. As per the requirements of Client and my understanding, I hereby forward it to the CAAS/CCBA/CE Dean/ FP Director who is requested to nominate one or more faculty/staff for this consultancy and respond within **10 days** of receiving this request. | |
| Date: | Signature: |
| **Acknowledgment by College Dean/FP Director** | |
| I acknowledge that I have received this request for Consultancy from Director, Department of Research. | |
| Date: | Signature: |

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| **Nomination** | |
| **Nominee 1** | |
| Nominee’s name: |  |
| Position held & Department: |  |
| Telephone& Email: |  |
| **Nominee 2** | |
| Nominee’s name: |  |
| Position held & Department: |  |
| Telephone& Email: |  |
| **Rationale for nomination:** | |
|  | |

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| **Acceptance by the Nominated Consultant** | |
| I accept my nomination to work as Consultant on the attached request. | |
| Date: | Signature: |

Signature of Dean/FP Director: Date:

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| --- | --- |
| **Acknowledgment of Director, Department of Research** | |
| I hereby acknowledge the above nomination of Faculty/Staff to work as Consultant on attached request for Consultancy. | |
| Date: | Signature: |