



**Visiting Faculty Personal Details**

Name of Faculty	
Email ID	
Contact No	
PAN No	
Bank Account No	
Bank Name	
IFSC Code	
Branch	

(Pl Attached PAN Cards and Cancelled cheque/Passbook copy for reference.)

Name & Signature of Claimant

**To be filled by Accounts Dept.**

Bill Passing Order			
	Account Head: -		Amount (Rs.)
A	Travelling Expenses		Rs.
B	Boarding Expenses		Rs.
C		Total (A + B)	Rs.
D	Honorarium / Remuneration		Rs.
E	Less: - TDS		Rs.
F		Total (D - E)	Rs.
	Net Payable	Total (C + F)	Rs.
Checked by Clerk		Verified by Auditor	
Passed for payment of Rs.			
Rs.			
Budget Head: Salary for Contractual / Temporary / Visiting Staff			
Accounts Officer	Dy Director	Director	

**VEERMATAJIJABAI TECHNOLOGICAL INSTITUTE**  
Matunga, Mumbai – 400 019.

\_\_\_\_\_ Department

**VISITING FACULTY APPROVAL NOTE**

**Sub:- Approval for Appointment of Visiting Faculty Mr/Ms**

Mr./Ms \_\_\_\_\_ is appointed as visiting faculty for teaching to  
\_\_\_\_\_ (Branch and Subject) for period of \_\_\_\_\_  
The details are as follows.

Sr. No	Faculty Name	Branch	Subject	Remuneration Per Credit	No Of Lectures / Credit	Amount

Approval is requested for the appointment of Mr/Ms \_\_\_\_\_ as a visiting faculty and for the remuneration payable to him/her Rs. \_\_\_\_\_.

Budget Head \_\_\_\_\_

Sign  
(HOD)

To

**Dean AP**

**Dean Admin**

**Dy Director**

**Director**

**VEERMATAJIJABAI TECHNOLOGICAL INSTITUTE**

Matunga, Mumbai – 400 019.

\_\_\_\_\_ Department

**REMUNERATION FOR THE MONTH OF \_\_\_\_\_**

(For External Advisor / Consultant/ Counselor/Medical Officer/ Legal Advisor and other)

(To be submitted to Establishment Section before 5<sup>th</sup> of Next Month)

NAME	:	
DESIGNATION	:	
APPOINTMENT PERIOD	:	
NATURE OF WORK	:	
REMARKS, IF ANY	:	
REMUNARATION DAYS	:	
ABSENT DAYS	:	
REMUNARATION AMOUNT	:	
Release Remuneration	:	Yes / No

Sign of HOD

Registrar

To

Accounts Officer

# Veermata Jijabai Technological Institute

Matunga, Mumbai 400019

## Stipend Form

Stipend for (Month) \_\_\_\_\_

Name of the Grant / Project \_\_\_\_\_

Progress report for the Month and Year for which Stipend is to be released (Month \_\_\_\_\_)

**Name of Student:**

**Registration ID (If any):**

**Department:**

Bank Account No.

IFSC Code.

Bank Name:

Stipend/ honorarium received from any other source during this period: ~~Yes~~ / No

If yes, details there of: from \_\_\_\_\_ Amount in Rs \_\_\_\_\_

**Signature of Student and Date**

-----  
NOC: Certified that,

**Name of the Student:**

He / She is regular and his/~~her~~ performance is satisfactory.

He / She has completed requirements of work per week.

On the basis of the above information, the candidate may be paid stipend of

**Rs.** \_\_\_\_\_ per month for the period mentioned above.

Remark of the PI (If any) \_\_\_\_\_

Days of the Stipend to be paid to student:

**Name of the PI** \_\_\_\_\_

**Signature of the PI** \_\_\_\_\_

(Kindly attached cancelled cheque or passbook copy of the student for the first time filling form).



# VJTI MUMBAI

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**Application for approval of deputation to attend Training Seminar/Conference**  
**(ONLY for Faculty Regular & Contractual)**  
**(NIT / IIT / NIRF 100 / QS 500 / Listed Conference Only)**

Name	Mr. / Ms. / Dr.
Employee Code No.	
Designation and Department	
Basic Pay Level	
Title of the Training Program / Seminar / Conference (International / National) strike out the unwanted	
Name of Organizer / NIRF Rank / QS Rank / Listed conference of	
Venue	
Dates:	Dt. / /20 To Dt. / /20
Participant as: (Attach proof / Full Paper / Broacher )	Trainee / Delegate / Paper Presenter / Any other (specify)
Estimated expenditure for attending the even <b>Budget head – Delegation and Deputation</b> (Staff / Faculty)	Registration fees
	Boarding & Lodging
	Travel to & fro
	Local travel
	Contingencies
	Financial Assistance (-)
	<b>Total</b>
Benefit to Individual / Institute (If required attached document)	
<b>Signature of Employee</b>	
<b>Signature &amp; Remark of Head of Dept.</b>	
<b>Remark and Signature of Dean (RD&amp;C) / Dean (AP)</b>	Recommended / Not Recommended
<b>Accounts Officer (Rules / Allocation)</b>	
<b>Dy. Director / Registrar</b>	Recommended / Not Recommended
<b><u>Director</u></b>	Approved / Not Approved

- No advance shall be given for this activity



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## **Application for approval of Conference for Students** **(NIT / IIT / NIRF 100 / QS 500 / Listed Conference Only)**

Name of the Student	Mr. / Ms.	
Student ID		
Department and Programme		
Title of the Conference (International / National) strike out the unwanted		
Name of Organizer / NIRF Rank / QS Rank / Listed conference of		
Venue		
Dates:	Dt. / /20 To Dt. / /20	
Participant as: (Attach proof / Full Paper / Broucher )	Paper Presenter / Any other (specify)	
Estimated expenditure for attending the even (UG/PG with maximum limit of Rs. 20,000/- and Full Time PhD Scholar with Rs. 1,00,000/- during tenure.	Registration fees	
	Boarding & Lodging	
	Travel to & fro	
	Local travel	
	Contingencies	
	Financial Assistance (-)	
	<b>Total</b>	
Benefit to Individual / Institute (If required attached document)		
<b>Signature of Student</b>		
<b>Remark &amp; Signature of Supervisor (Specific Comment)</b>		
<b>Signature &amp; Remark of Head of Dept.</b>		
<b>Remark and Signature of Dean (RD&amp;C) / Dean (AP)</b>	Recommended / Not Recommended	
<b>Accounts Officer (Rules / Allocation)</b>		
<b>Dy. Director / Registrar</b>	Recommended / Not Recommended	
<b><u>Director</u></b>	Approved / Not Approved	

- A PRIOR APPROVAL IS MANDATORY



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## Honorarium paid to External Examiners / Experts for Ph.D Exam

- The Institute receives services from various experts / faculty for academic, administrative or consultancy work. This income is covered under Professional fees of Income Tax Act, Section 194J.
- The Institute is required to deduct 10% Tax (TDS) on the remuneration paid.
- All are advised to fill the Bill and Receipt in the standard format.
- The institute prefers to pay all amounts directly to account of the receiver. Hence you are requested to get the Mandate form filled from the expert / visitor.

(To be filled by the external member)

Date:

Name	Mr./Ms./Dr.		
Designation, Organization			
Contact No.		E mail:	
Permanent Account Number (PAN)			
<b>Details of Honorarium / Remuneration</b>			
<b>Examination type</b>	<b>Honorarium Amt.</b>	<b>No. of Students:</b>	<b>Total Honorarium</b>
Annual Progress Seminar (APS)	2000/-		
Ph.D Pre-synopsis	3000/-		
Evaluation of Ph.D thesis (Final Defense	5000/-		
Ph.D final Defense (Viva voce Exam)	5000/-		
Ph.D colloquium	5000/-		
Evolution of Ph.D thesis by foreign external referee	10000/- or \$180		
<b>Total of "Table A":</b>			
<b>Details of travel expenditure</b>			
a. Local Travel at actual with submission of bill / receipt			
b. In absence of bill / receipt			Rs. 500/-

## **Details of Outstation travel expenditure**

<b>Travel Details "Table B"</b>	<b>Mode of Journey</b>	<b>Fare paid (Rs.)</b>
To and From travel (outstation)		
Local travel		
<b>Sub-Total</b>		
Details of accommodation (Please attach original receipts of Hotel/Guest House)	Day & Date	Boarding & Lodging charges paid (Rs.)
	<b>Sub-Total</b>	
<b>Total of "Table B" Rs.</b>		
<b>Grand Total (Table A + B) Rs.</b>		

Particulars provided herewith are correct and that I have not claimed TA/DA etc. for this Journey from any other source. Also, I was not provided free lodging and / or boarding at the cost of Govt. / University or any Govt. aided body. For which this claim is put up.

Signature of Organizer

Head of the Department

Signature of claimant

**Bank Details of Receiver**

Name on the Bank A/c.	
Name of Bank	
Bank Branch	
Bank A/c. No.	
IFSC Code	

**Signature of claimant**

---

**(Bill Passing Order)  
For Accounts use only**

Head of Account	Details	Amount (Rs.)
Travelling expenses		
Boarding expenses		
	Sub-Total (A)	
Honorarium / Remuneration		
	Less TDS @ 10%	
	Sub-Total (B)	
Net Payable Amount		

**Checked by – Bill Clerk  
Auditor****Verified by – Internal**

Passed for Payment of Rs.		In Words-Rupees	
Budget Head –			
<b>Account Officer</b>	<b>Dy. Director / Registrar</b>	<b>Director</b>	



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• **Honorarium/Remuneration/Fees paid to consultants, Visiting faculty, Examiners, External Experts**

- The Institute receives services from various experts / faculty for academic, administrative or consultancy work. This income is covered under Professional fees of Income Tax Act, Section 194J.
- The Institute is required to deduct 10% Tax (TDS) on the remuneration paid.
- All are advised to fill the Bill and Receipt in the standard format.
- The institute prefers to pay all amounts directly to account of the receiver. Hence you are requested to get the Mandate form filled from the expert / visitor.

**(To be filled by the external member)**

**Date:**

Name	Mr./Ms./Dr.		
Designation, Organization			
Contact No.		E mail:	
Permanent Account Number (PAN)			
<b>Details of Honorarium / Remuneration "Table A" (Unit Rate @ 7,000 / 5,000 / 3,000 / 2,000 / 1,000)</b>			
Evaluation	Class:	No. of Students:	Total Honorarium Rs.
Expert Lectures	Class:	No of Lectures:	Total Honorarium Rs.
Meetings			Total Honorarium Rs.
Any Other			Total Honorarium Rs.
<b>Total of "Table A":</b>			

a. **Details of travel expenditure** (Please mention ticket no, Vehicle No. etc., attach original receipts / tickets / taxi bills)

<b>Travel Details "Table B"</b>	<b>Mode of Journey</b>	<b>Fare paid (Rs.)</b>
To and From travel (outstation)		
Local travel		
	<b>Sub-Total</b>	
Details of accommodation (Please attach original receipts of Hotel/Guest House)	Day & Date	Boarding & Lodging charges paid (Rs.)
	<b>Sub-Total</b>	
	<b>Total of "Table B" Rs.</b>	
	<b>Grand Total (Table A + B) Rs.</b>	

Particulars provided herewith are correct and that I have not claimed TA/DA etc. for this Journey from any other source. Also, I was not provided free lodging and / or boarding at the cost of Govt. / University or any Govt. aided body. For which this claim is put up.

**Signature of Organizer**

**Head of the Department**

**Signature of claimant**

**Bank Details of Receiver**

Name on the Bank A/c.	
Name of Bank	
Bank Branch	
Bank A/c. No.	
IFSC Code	

**Signature of claimant**

---

**(Bill Passing Order)  
For Accounts use only**

<b>Head of Account</b>	<b>Details</b>	<b>Amount (Rs.)</b>
Travelling expenses		
Boarding expenses		
	Sub-Total (A)	
Honorarium / Remuneration		
	Less TDS @ 10%	
	Sub-Total (B)	
Net Payable Amount		

**Checked by – Bill Clerk  
Auditor****Verified by – Internal**

Passed for Payment of Rs.		In Words-Rupees
Budget Head –		
<b>Account Officer</b>	<b>Dy. Director / Registrar</b>	<b>Director</b>



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## Reimbursement towards expenses for Purchase of Books and Technical Journal

1. Certified that the Books and Technical Journals etc. purchased by Professor/Asso. Prof. /Asst. Professor/Lecturer-Mr./Ms./ Dr.

Employee ID \_\_\_\_\_

Department \_\_\_\_\_ under the scheme of reimbursement of cost of Books have been verified by me and satisfied that they are actually useful for advancement of technical/engineering knowledge as clarified in Annexure A to the Circular from D.T.E., Bombay dated 20.12.1990.

2. Certified that necessary entries of the purchase of Books/Journals have been taken to the Register maintained in the Department for the purpose.

3. Certified that the cost of the Books and Journals as shows in the countersigned cash-memos enclosed (**Limited to Rs. 1,000/-**) is reimbursable to him/her as under (All countersigned memos are enclosed herewith)

Sr. No.	Cash Memo No.	Date	Name of the Bookstall/Co/Publisher	Name of the Book/Journal	Cost Rs.

4. And further certified that the Books and Journals are returned to the concerned teacher duly sealed /stamped after verification.

Faculty (Name & Signature)

Registrar

Head of Department

Checked by Bill clerk

Verified by- Internal Auditor

Passed for Payment of Rs.	In words - Rupees	
Budget Head –		
Accounts Officer	Dy. Director / Registrar	Director



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## Reimbursement of Membership fees of Professional Societies

Name of Faculty: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Sr. No.	Cash Memo No.	Date	Name of Society / Body	Membership period	Fee Paid Rs.

Certified that the cost of subscription of the professional societies as shown in the countersigned cash-memos enclosed (**Limited to Rs. 10,000/- per annum**) is reimbursable to him / her as under (All countersigned memos are enclosed herewith)

Sign. Of Claimant

Registrar

Head of Department

Checked by – Bill Clerk

Verified by – Internal Auditor

Passed for Payment of Rs.

In words - Rupees

Budget Head –

Account Officer

Dy. Director / Registrar

Director



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## TA / DA FORM

Staff / Faculty Name:			
Department:			
Employee Code No.	Designation:		
Staff / Faculty Basic Pay	Level		
Sanctioned prior Approved Note / Letter (Copy enclosed) dt. -			
Purpose of Visit :			

Sr. No.	Date Time	Departure From	Date Time	Arrival At	Flight / Train / Taxi / Auto Type	No. of Fares	Claim Amount Rs.	Enclosed Ticket No. & Taxi No.
1								
2								
3								
4								
5								
6								
7								
8								
							Total	
(Only for Accounts Dept.) (+) Add. D.A. admissible for _____ Days @ Rs. _____ per day							Total Amount	
(-) deduction on account of Advance (if taken)							*Net Payable Amount	
(In Words) Payable Amount Rs.								

**\* Amount release subject to comply of following conditions**

I certified that:

1. I have travelled by the shortest and cheapest route
2. I have actually travelled by Mail / Express for which it is claimed.
3. I have travelled by class of accommodation not lower than the one which travelling has been claimed in the bill.

**Claimant Signature:**

**Head of Department:**

**(For Account Use Only)**

**Checked by – Bill Clerk  
Auditor**

**Verified by –**

Passed for Payment of Rs.		
In Words – Rupees		
Budget Debit Head -		
Budget Pg. No. :		
<b>Account Officer</b>	<b>Dy. Director / Registrar</b>	<b>Director</b>





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**ADVANCE FORM**

**PLEASE ATTACH APPROVAL NOTE FOR TAKING ADVANCE**

**Date:**

To,  
The Director,  
V.J.T.1, Matunga,  
Mumbai 400 019.

Sir,  
I Shri /  
Smt. \_\_\_\_\_

Department \_\_\_\_\_

Request you to sanction me an advance of Rs. \_\_\_\_\_  
(Rupees in  
words \_\_\_\_\_)  
for the purpose  
of \_\_\_\_\_

**Signature of Staff member**

.....

1. Certified that No previous amount of advance is outstanding against Shri/Smt. \_\_\_\_\_
2. The advance now applied for may be sanctioned.
- 3 Debited to A/c \_\_\_\_\_

**For Head of Department**

.....

Through, the Dy. Director / Registrar

**Deputy Director / Registrar**

.....

**Condition:** Advance will have to be settled within 8 days from completion of activity or maximum within 01 month.

If not settled within the prescribed period, the advance amount will be recovered from next month's salary.

**DIRECTOR**

ENTERED ON:

1. Advance Reg. Pg. No. \_\_\_\_\_ Entry No. \_\_\_\_\_ Date: \_\_\_\_\_

2. Budget Register Pg.No. \_\_\_\_\_

3. Passed for payment

Rs. \_\_\_\_\_

Bill Clerk \_\_\_\_\_

**ACCOUNTS OFFICER**

**DIRECTOR**

.....

Received an Advance

Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_)

For a work detailed above. I shall account for and repay the balance if any, tomorrow before noon.



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## ADVANCE AMOUNT EXPENSES (Settlement and refund form)

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Advance Received Amount: \_\_\_\_\_

Debit Account: \_\_\_\_\_

Purpose: \_\_\_\_\_

## SUMMARY OF ADVANCE AMOUNT EXPENSES (SETTLEMENT AND REFUND)

Sr.No.	Expenditure Incurred For	Vide Bill No.	Expenditure Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	<b>Expenditure Total</b>		
	<b>Advance Received Amount</b>		
	<b>Balance Refund / Excess Exp. Incurred</b>		
	<b>Refund Receipt No. Dt.</b>		
	<b>TOTAL EXPENSES</b>		

Advance may get settle with above said expenditure documents (all documents enclosed). (Proof / bills need to attached in original)

Claimant Signature \_\_\_\_\_

Head of the Department \_\_\_\_\_

Paid in Cash / DD/ NEFT Rs. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Bill Clerk Signature: \_\_\_\_\_

Accounts Officer : \_\_\_\_\_

Advance Register Page No. \_\_\_\_\_ Entry No. \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of the stall member \_\_\_\_\_

**VEERMATA JIJABAI TECHNOLOGICAL INSTITUTE,  
Matunga, Mumbai - 400 019  
Exam Bill Format**

**DATE:**

<b>Department Name:</b>		Degree/Diploma	
<b>Remuneration Subject:</b>			

Sr. No.	Name Of Staff	Exam Conduction INR	Invigilation INR	Paper Setting INR	Paper Assessment INR	Pan Card No. if External Examiner	Total Amount INR
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Exam Co-Ordinator**

**H.O.D.**

**C.O.E.**  
Degree/  
Diploma

**Dean Academic**

**Registrar**

**Dy Director**

**Director**

**VEERMATA JJABAI TECHNOLOGICAL INSTITUTE  
MATUNGA, MUMBAI - 400 019.**

**FINAL NO DUES**

Full Name of the student : \_\_\_\_\_

Course & Branch Name : \_\_\_\_\_ Roll No : \_\_\_\_\_

Category : \_\_\_\_\_ Aailed : G.O.I. Scholarship / B.C. FreeShip  EBC

Permanent Address : \_\_\_\_\_

Mobile No : \_\_\_\_\_ Student Signature : \_\_\_\_\_

**(For Office Staff Use Only)**

Academic Year	Study Year	Fees received from Govt. Rs	Fees Paid by the student Rs.	Total Fees Rs.	If any Dues Rs.	Paid on
2021-22	1					
2022-23	2					
2023-24	3					
2024-25	4					
Accounts Remark :				Library Remark :		

Library Clerk

Scholarship Clerk

Tuition Fees Clerk

Accounts Officer

# Veermata Jijabai Technological Institute

## Prize Money Amount

Debit Head Name :-

Sr. No	Student Name	Bank Name	IFSC Code	Account Number	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Faculty In-charge of Activity

Dean Student Activities



# VJTI MUMBAI

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Erstwhile: Victoria Jubilee Technical Institute (estd.1887)

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Institute Project No: CONST/ \_\_\_\_\_  
Project No.: SED /CON/ Proof Checking / \_\_\_\_\_ /2026

Date:

## Project Consultancy / Testing Budget Table

Sr. No.	Budget head	Estimation (Rs.)
1.	Faculty Fees (FF)	
2.	External Fees (EF) (Max 20%)	
3.	Charges for personnel engaged in Technical Services (CPTS) (to be paid to dept. non-teaching staff)	
4.	Project Staff Salaries (PSS)	
5.	Operational Expenses (OE)	
6.	Capital Equipment (CE)	
7.	Contract Negotiation / Legal Expenses (CNL)	
8.	RDC Cell Convenience Charges (2.75%)	
9.	Net Project Cost (Items 1 + 2 + 3 + 4 + 5 + 6 + 7+8) <b>70 % of Total project cost</b>	
10.	Institute Share <b>30% of Total project cost</b>	
11.	Total Project Cost (9 + 10)	
12.	<b>GST 18% of total project cost</b>	

(Professor. Name)  
Project Coordinator and Professor  
\_\_\_\_\_ Engineering Department

Recommended for approval.  
Through

Head of Department      Accounts Officer/Faculty In-charge (F&A)      Dean RD & C

**DIRECTOR**



# VJTI MUMBAI

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Institute Project No: CONST/\_\_\_\_\_

Date:

Project No.: SED /CON/ Proof Checking / \_\_\_\_\_ /2026

**Approval and Undertaking for Consultancy assignment, VJTI Mumbai (to be filled in by Project Coordinator for each Project/Assignment)**

Name of the Project Coordinator	
Designation, Department	
Title of the Project (brief description of assignment)	
Name of the Client Organization	
Client organization Point of Contact	
Estimate of person-days required by Project Coordinator	1 Days
No. of site visits, during weekdays	Yes
Proposed/Tentative total fees inclusive of taxes	INR. _____ /- + 18 % GST
Project serial no. during current year (of Project Coordinator)	
Institute Project No	CONST/Dept/Faculty Name/Year/No _____
Department Project Code	VJTI/

I Dr. \_\_\_\_\_ fully aware of guidelines, practices and ethics of testing/consultancy under VJTI Mumbai and herewith agree to abide by the same.

This professional engagement shall not affect my teaching, research and administrative commitments to the institute.

The observations/opinion/recommendation/report expressed and submitted to the client shall be based on my individual technical abilities and understanding and not be used as "the opinion of VJTI". Neither VJTI nor VJTI Director assumes any responsibility and liability for this report/recommendation.

I herewith indemnify VJTI and hold harmless for all legal issues, which may arise because of this testing/consultancy assignment. In no way, it will have any adverse bearing on VJTI.

Signature:

Project Coordinator Name:

Date:

Director

Head of Department

Dean RDC

Encl.: Copy of request letter of Client seeking Consultancy Service

**(Declaration to be provided on letterhead)**  
**TDS Declaration**

Ref No:- \_\_\_\_\_

Name of the Deductor:-  
\_\_\_\_\_

TAN of Deductor:- \_\_\_\_\_

PAN of Deductor :- \_\_\_\_\_

GSTIN of Deductor:- \_\_\_\_\_

Invoice No & Date:- \_\_\_\_\_

Invoice Amount:- \_\_\_\_\_ (excluding GST)

Rate of Tax Deduction:- \_\_\_\_\_

Nature of Payment:- \_\_\_\_\_

Section under which tax deducted:- \_\_\_\_\_

Amount on which tax deducted :- \_\_\_\_\_

Amount of Tax deducted:- \_\_\_\_\_

Amount of TDS on GST Deducted (If any):- \_\_\_\_\_

Date of Tax Deduction:- \_\_\_\_\_

I, \_\_\_\_\_ (Name of person responsive for tax deduction), hereby declare that the sum so deducted as above shall be deposited to the account of Central Government and the certificate of tax deduction shall be issued within the prescribed due date as per Income Tax Rules

\_\_\_\_\_  
**Name of the Authorized Person with Sign and Stamp**