

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Department of Civil Engineering

Form for Consultancy Project

Date:

S.No.	Item	Details
1.	Project Title	
2.	Sponsoring Agency	
3.	Project no. (as assigned by DORD office)	
4.	Project Start Date	
5.	Project End Date	
6.	Total Amount Sanctioned (Rs.)	
7.	Contribution to LDF (Rs.)	

This is to certify that (Please tick as appropriate):

<input type="checkbox"/>	Laboratory facilities will be used in this consultancy project
<input type="checkbox"/>	No laboratory facilities will be used in this consultancy project

Co-Project Investigator	Project Investigator
-------------------------	----------------------

(Head of the Department)