

## **Faculty Development Schemes (FDS) and related guidelines**

### **FDS 4. Support for Consultancy Practices (SCP)**

The Institute encourages teaching faculties to undertake consultancy practices which in turn enhances their capabilities and competencies. It is to be noted that once the proposal of the consultancy is matured to be undertaken, an MOU will be signed among the faculty who is taking up the responsibility of carrying of the project for providing infrastructure and the corporate house who is offering the project. The request shall be considered as per the following norms:

1. The consultancy projects which are bought to the Institute shall be carried out in the joint name of the corporate and ABES Institute of Technology (ABESIT) / ABESIT College of Pharmacy.
2. The person who brings the project shall be the Principal Consultant / Consultancy coordinator, and the Institute shall provide the use of its infrastructure and basic services.
3. The remuneration on account of consultancy of the project shall be distributed among the faculty who is the Principal Consultant of the project, the concerned HoD/Principal of that faculty and the Institute in the ratio of 80:05:15, i.e., 80% for the Principal Consultant, 05% for the HoD/Principal and 15% for the Institute.
4. The charges for the consumables, stationary, staff, technicians and students shall be paid by the Principal Consultant out of his/her 80% share.
5. Those faculty members who are wishing to avail the facility will have to apply in a prescribed Proforma 4-A, forwarded by respective HoD/Principal. This will be routed through the Head/Dean (Research & Development) with recommendations for its quality to the Director of the Institute.
6. The payment from the share of the applicant faculty will be furnished during each requirement cycle on submission of the claim form in prescribed Proforma 4-B along with a copy of approved application form (4-A). Note that, 10% from the share of the faculty will be paid after the successful submission of the project.
7. The share of the concerned HoD/Principal will be paid after the successful submission of the project by the faculty on account of the submission of the claim form (4-B) along with

a copy of approved application form (4-A) as taken from Principal Consultant of the project.

8. No leaves for the project work will be provided from the Institute and the sole responsibility of the completion of project will lie with the faculty who have procured the project consultancy. However, the Institute will have no objection if the work is carried out in working non-teaching Saturdays, non-working Saturdays, Sundays and holidays.
9. The institute in no way will be liable / responsible in case of the non completion of the project. The only responsibility of the institute is to provide infrastructure and basic facilities like laboratories, electricity, water, internet etc.
10. The criteria and modalities of the scheme will be amended as and when needed.

FDS PROFORMA 4-A

CONSULTANCY PROJECTS ALLOTMENT UNDER SCP SCHEME

1. Name and Designation:
2. Institute & Department:
3. Employ ID:
4. Phone: Email:
5. Area of Research:
6. Name of the Project:
7. Name of the research organization / corporate / company:
8. Your role in the project:
9. Fees of the project applying:
10. Nature of payment: (tick as below)  
 Prepaid       Post-paid       Part Payment       Others

Remarks (if any):

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(\*Attach documents showing clear proofs for points 6 – 10)

11. Benefits for the Institution and Society:

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Applicant Signature:

Date:

**HoD/Principal**

Signature:

Date:

**Recommendations of Head/Dean (R&D) with clear comments:**

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Signature:

Date:

**Director:**

(Approved / or otherwise)

Signature:

Date:

**Chairman:**

(Seen)

Signature:

Date:

FDS PROFORMA 4-B

CONSULTANCY PROJECTS CLAIMS UNDER SCP SCHEME

1. Name and Designation:
2. Institute & Department:
3. Employ ID:
4. Phone: Email:
5. Area of Research:
6. Name of the Project:
7. Name of the research organization / corporate / company:
8. Your role in the project:
9. Claim summary\*:

<b>Head</b>	<b>Amount in Rs.</b>
Fees of the project allotted from the company, research organization etc	
Total amount received	
Total share of the Faculty / HOD	
Installment number	
Total amount received previously	
Amount Demanded	

(\*Attach documents showing clear proofs)

Remarks (if any):

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Applicant Signature:

Date:

**HoD/Principal**

Signature:

Date:

**Recommendations of Head/Dean (R&D) with clear comments:**

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Signature:

Date:

**Director:**

(Approved / or otherwise)

Signature:

Date:

**Chairman:**

(Seen)

Signature:

Date: