भारतीय प्रौद्योगिकी संस्थान गुवाहाटी



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI OFFICE OF INDUSTRIAL INTERACTION AND SPECIAL INITIATIVES

FORM NO. II&SI-S13B

Date :

Application for Part-Time Engagement of Staff in Consultancy/ Research & Other Projects

(Prior permission has to be obtained before engagement in the Part-time work and to be submitted to II&SI Section at the time of remuneration payment along with appropriate form)

Α. Project Code.

1

Account Head :

Contingency/Recurring/Other (Please specify)

B. Details of the Staff (To be filled by the Staff)								
1.	Name:							
2.	Designation:							
3.	Employee No.:							
4.	Department/ Center/Section:							
5.	IITG Email ID:							
6.	Contact Mobile Number:							
C. Details of Project Engagement								
7.	Name of the Project/ Course							
8.	Name of the PI/Coordinating Faculty of the Project/ Course :							
9.	Proposed Work/ Employment Period:							
(i)	From Date: (ii) To Date:							
(iii)	Total Number of Hours Per Month:							
(iv)	Nature of Duty:							
	 (a) I am aware that above duty is not the official duty allotted by the institute. (b) Performing above duty will not affect my performance on my official duties. (c) I will not perform the above mentioned duty in the official duty hours. (d) I am aware that the failure to obey any rule and regulation may lead to cancellation of the above part-time engagement without any notice. 							
	Date: Signature of the Employee							
(To be filled by the PI/ Coordinating Faculty of the Project/ Course)								
I am hiring Dr. /Mr. /Ms. /Mrs for performing (nature of duty) at a remuneration rate of Rs per hour. I will not make any direct payment to the engaged staff. I will submit the appropriate form to II&SI Section for the payment of remuneration.								
Date:	Signature of PI/Coordinator							

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raye 2											
(To be filled by HoD/ HoC/HoS)											
(Strike out whichever is not applicable)											
I do not have any objection towards the above Part-Time engagement of Dr. / Mr. / Ms. / Mrs.											
as aforesaid.											
		or									
I do have objection towards	s the above	Part-Time	engagement	of Dr.	/	Mr.	/	Ms.	/	Mrs.	
Date:				Signa	turo of						
Date: Signature of HoD/ HoC/HoS Recommended / Not Recommended											
					laoa /		0001111	nonac			
Date:	Head (applical	ble only if the	project is execut						/Sec	tion)	
				Permi	tted /	Not P	ermitt	ed.			
					_	• •					
Date:					R	egistr	rar				

NB: Original to be retained by PI/Coordinator, one copy by II&SI and third by the person concerned.