



FORM FOR AWARD OF WORK ON CONTRACT

1. Title and Code of the project: _____

2. Name of the PI/CI: _____
3. Department/Centre: _____
4. Type of skills required for the proposed work on contract: _____

5. Duration for the execution of the contract work and starting date (normally 1 month, max. 3 months): _____
6. Identify the specific deliverables by the contract awardee: _____

7. Payment proposed: Rs. _____ per month
8. Name of the person proposed to be given the job on contract (attach Biodata on Form No. IRD/E-4a and photocopies of educational qualifications/work experience): _____

9. Has the proposed person been awarded previous contracts in the same project? If yes, please give details: _____

S.No.	From	To	Amount Paid

DATE : ___/___/___

SIGNATURE OF THE P.I./C.I.

RECOMMENDATIONS OF THE STANDING COMMITTEE

1. Total Contract Amount: Rs. _____
(Rupees _____)

2. Terms & Conditions for release of payments against the contract amount: _____

Head of the Dept./Centre

Another faculty member
of the Dept./Centre

PI/CI

AR (IRD A/c)

FOR IRD OFFICE USE ONLY

The Recommendations of the Standing Committee are submitted for consideration/approval.

AR (IRD)

AD (IRD)

Bio-data of the Applicant

1. **Name in full (in block letters)** _____
2. **Address (in block letters)**
- (i) **For Communication** _____
- (ii) **Permanent** _____
3. **Particulars of age (as per Matriculation or equivalent Certificate)**
- (i) **Date of Birth** _____
- (ii) **Age** _____ years _____ months
- (iii) **Place of Birth** _____
4. **Father's/Husband's Name** _____
5. **Are you member of SC/ST/OBC/Ex.S.Men/PH** _____
(If 'Yes' mention and attach certificate from District Magistrate/Tehsil or the concerned competent authority)
6. **Particulars of Qualification and Experience:**
- (If space is insufficient, attach separate sheet. Attested copies of certificates/testimonials in support of the qualifications and experience mentioned must be attached.)

(i) Qualifications (in chronological order):-

Educational/Technical/ Professional Exam Passed	Discipline	Grades/ Division	% of marks obtained	Year of passing	Name of the University/ Board

(ii) Experience (in chronological order):-

Employer	Designation	Period		Length		Nature of duties/ area of specialisation etc.	Pay Scale and Present Salary
		From	To	Yrs	Months		

7. Any Other relevant Information

I hereby declare that all particulars in this form are correct and true to the best of my knowledge & belief and nothing has been concealed therein.

SIGNATURE OF THE APPLICANT

PLACE : _____

DATE : _____